|  |  |
| --- | --- |
| **Our Ref:** | Phone:  Fax: |

The Social Worker/Family Assistance Officer

Centrelink

Child Support Unit

**By Facsimile:** 1300 786 102

Dear Sir/Madam

**Our Client:**

**CRN:**

|  |  |
| --- | --- |
|  | **Born on:** |

The above-named client has been referred to this office to take “reasonable maintenance action” for her .

This client first made contact with this office on .

Please ensure that this client’s benefits are not affected while she takes action to resolve this matter. If this client’s benefits have been reduced, please re-instate them in full from the date of reduction.

Yours sincerely

**Solicitor**