

8A. Parenting Coordinator

- (1) The Court may, on its own motion or on the application of any party to the action or proceedings, order the parties to the proceedings to participate in a parenting coordination programme to be carried out by a Parenting Coordinator appointed by the Court, pursuant to rule 34C of the Family Justice Rules.
- (2) Upon the making of an order for the parties to participate in the parenting coordination programme, the Registrar will select a Parenting Coordinator from the Court's panel of Parenting Coordinators and send a 'Notice of Acceptance/Non-Acceptance by Parenting Coordinator' (Form 188A of Appendix A to these Practice Directions) to the selected member by email together with a copy of the Court's order. The member may choose to accept or decline such an appointment by returning to the Registrar the completed 'Notice of Acceptance/Non-Acceptance by Parenting Coordinator' by email. If no response is received within 3 working days of the email, the member is deemed to have declined the appointment.
- (3) All members on the Parenting Coordinators' panel shall inform the Court of any changes to their email addresses within seven (7) working days of such change.
- (4) Upon acceptance of the appointment, the Parenting Coordinator will receive a notification email from the Registrar providing the names and contact details of the parties and their respective solicitors, if any. The following documents will be enclosed with the notification:
 - (i) the Parenting Coordinator Checklist; and
 - (ii) the Co-Parenting Questionnaire.
- (5) Within 10 days from the receipt of the above notification, the Parenting Coordinator shall contact the parties to arrange the first parenting coordination session. The Parenting Coordinator shall also send the Co-Parenting Questionnaire for the parties' completion and return at or before the first parenting coordination session. Notwithstanding that the parties may be represented by solicitors, the Parenting Coordinator shall contact the parties directly and vice-versa throughout the course of the parenting coordination programme. The parties shall endeavour to provide the Parenting Coordinator with documents necessary to facilitate the parenting coordination programme, including but not limited to the documents filed in Court.
- (6) Pursuant to rule 34F(2) of the Family Justice Rules, either party to the proceedings or the Parenting Coordinator may apply for the termination of the parenting coordination programme. The application is made by filing a summons together with a supporting affidavit, and is to be served on all parties concerned within 3 working days.

Part V – Alternate Dispute Resolution

11. Mediation and/or Counselling Directed by Court

...

- (2A) With effect from 1 July 2020, the Court will no longer conduct mediation where there is an application filed in the Family Justice Courts pursuant to the International Child Abduction Act (Cap. 143C).

...

24A. Service of summons under Part VIII of Women's Charter (except an application made under section 69 or 70)

- (1) The prior written consent of the party referred to in rule 131A(5)(a) of the Family Justice Rules shall be in Form 207 of Appendix A to these Practice Directions.
- (2) In the event of any change to the party's details in Form 207, such as email address; mobile telephone number; or if there is a change in the party's position with regard to his or her consent for service of the summons; it shall be for the party to notify the Court of the changes within seven (7) days of such change by email sent to: FJCOURTS_MAINTPOS@FJCourts.gov.sg. The said email must make reference to the relevant case numbers and be copied to the other party in the proceedings. If there is revocation of consent, the date of revocation shall be taken to be the date of the email unless it is otherwise specified to take effect on a later date.
- (3) The party will thereafter receive an acknowledgement from the Family Justice Courts.

FORM 37

R. 133

ORIGINATING SUMMONS FOR ADOPTION
IN THE FAMILY JUSTICE COURTS OF
THE REPUBLIC OF SINGAPORE

O.S. No.)
of 20)

In the Matter of the Adoption of Children Act (Cap. 4)

And

In the Matter of (to be called), an infant.

The Applicant(s) apply for the following orders:

- (a) The Director-General of Social Welfare be appointed as the guardian in adoption of the infant, (original name of infant) to be called .
- (b) The consent of the following persons be dispensed with:
- (c) The service of the Originating Summons, Notice to Hear Originating Summons and all subsequent documents filed in these proceedings on the following persons be dispensed with:
- (d) [*Where the child is born in Singapore*]
The applicant(s) be authorised to adopt the said infant, (original name of infant) to be called born on , which date is identical with the entry numbered and made on in the Register of Births for the Republic of Singapore.
[*Where the child is born outside Singapore*]
The applicant(s) be authorised to adopt the infant, (original name of infant) to be called born on .
- (e) The applicant(s) pay(s) the cost of these proceedings to the Director-General of Social Welfare.
- (f) (To specify if any other orders sought.)

3. A copy of the affidavit and Adoption Statement in support of this application is filed together with the Originating Summons.

Signed:

Registrar:

Date:

*This summons is taken out by , solicitor for the abovenamed applicants whose address is .

[*If applicant is unrepresented*]

*This summons is taken out by the abovenamed applicant who resides at [and if applicant does not reside within the jurisdiction] and whose address for service is (to state address in Singapore).

(*Delete as appropriate)

FORM 38

R.135

ADOPTION STATEMENT

(Title as in Form 37)

The Applicant(s) and , his wife,
of state as follows:

1. Particulars of Male Applicant:

(a) Name:

(b) Age:

(c) NRIC No.:

(d) Residential address:

(e) Occupation:

(f) Relationship to child (if any):

2. Particulars of Female Applicant:

(a) Name:

(b) Age:

(c) NRIC No.:

(d) Residential address:

(e) Occupation:

(f) Relationship to child (if any):

3. The Applicant(s) is (are) resident in Singapore
at Singapore and domiciled in Singapore.

4. The Male Applicant married the
Female Applicant at on .

5. The Applicant(s) has (have) resident with him (her) (them)
the following persons:

6. Particulars of infant to be adopted ("the said infant"):

(a) Original name:

(b) New name (if any):

(c) Date of birth:

(d) Age:

(e) Gender:

(f) Nationality:

(g) Race:

(h) Marital status:

(i) Present address:

(j) The said infant is entitled/not entitled* to any property (state
particulars if infant is entitled to property).

(k) The said infant is/is not* in the actual custody (or under the
guardianship) of the Applicant(s) (state whereabouts of the said infant if he is
not in the actual custody of the Applicant(s)).

(l) The Applicant(s) have/have not* been supporting the said infant since
(date on which support commenced).

(m) The said infant has/has not* been subject to an adoption order or of any application for an adoption order. (State particulars if the said infant has been subject to an adoption order or an application for an adoption order.)

7. Particulars of Natural Father of infant to be adopted:

- (a) Name:
- (b) I.D. No.:
- (c) Address:
- (d) Nationality:
- (e) Religion:
- (f) Consent to the Originating Summons has/has not* been obtained.

8. Particulars of Natural Mother of infant to be adopted:

- (a) Name:
- (b) I.D. No.:
- (c) Address:
- (d) Nationality:
- (e) Religion:
- (f) Consent to the Originating Summons has/has not* been obtained.

9. The Applicant(s) undertakes (undertake) if an order is made on this Originating Summons, to provide maintenance and education for the said infant. The Applicant(s) will, if required, secure the above provision by bond or otherwise as the Court may require.

10. The Applicant(s) has not (have not nor has either of them) received or agree to receive, and no person has made or given or agreed to make or give to the Applicant(s) (or either of them) any payment or reward in consideration of the adoption of the said infant except as follows:

(State the nature of the payment or reward made or received in consideration of the adoption.)

11. The Applicant(s) shall provide for the costs of this Originating Summons including the costs of the Director-General of Social Welfare if he is appointed guardian in adoption of the said infant or such person as may be appointed by this Court.

(*Delete as appropriate)

FORM 40

R.139

REQUEST FOR FURTHER HEARING OF
ORIGINATING SUMMONS

(Title as in Form 37)

1. Name of Applicant(s):

2. Order(s) sought:

(a) *[Where child is born in Singapore]*

The Applicant(s) be authorised to adopt the said infant,
(original name of infant) to be called born
on , which date is identical with the entry
numbered and made on in the
Register of Births for the Republic of Singapore;

[Where child is born outside Singapore]

The Applicant(s) be authorised to adopt the
infant, (original
name of infant) to be called born on .

(b) The Applicant(s) pay(s) the costs of these proceedings to the
Director-General of Social Welfare.

(c) (To specify if any other orders sought.)

3. The grounds of the application are set out in the affidavit(s) filed in
support of this application.

4. Party/Parties* to be served with this summons: (e.g. natural parents)

This form requires sealing by the Court and the signature of the Registrar.

(*Delete as appropriate)

FORM 42

R.146

ADOPTION ORDER

(Title as in Form 37)

(Order where child is born in Singapore)

1. Parties present at the hearing:

- (a) Male/Female applicant(s)*:
- (b) Applicant(s)'s solicitor*:
- (c) Natural mother/father*:
- (d) Natural mother's/father's solicitor*:
- (e) Guardian in adoption (name of Child Welfare Officer)*:

2. Orders made:

- (a) The Applicant(s) be authorised to adopt the said infant (original name of infant) to be called _____ born on _____, which date is identical with the entry numbered _____ and made on _____ in the Register of Births for the Republic of Singapore.
- (b) The Applicant(s) pay(s) the costs of these proceedings to the Director-General of Social Welfare.
- (c) (To specify if any other orders given.)

This form requires sealing by the Court and the signature of the Registrar.

(*Delete as appropriate)

SCHEDULE

CHILD'S PARTICULARS	Full name before adoption					Full name conferred by Adoption Order		
	Sex	Date of birth	Day	Month	Year	Place of birth	Birth Register No./Entry No. of Previous Adoption	
Natural Parents/ Previous Adopters	Name of Father					Citizenship of Father at the time of the child's birth	Singapore NRIC No.	
	Name of Mother					Citizenship of Mother at the time of the child's birth	Singapore NRIC No.	
ADOPTIVE PARENTS	Name and Surname					Date of birth	Country of birth	
	Father	Race/Dialect Group			Nationality/Citizenship		Singapore NRIC No.	
		Occupation					Address	
	Mother	Maiden name					Date of birth	Country of birth

Race/Dialect Group	Nationality/Citizenship	Singapore NRIC No.
Occupation	Address	
Date of Adoption Order		
Description of Court by which made		
In the case of adoption by a single adopter, whether adopter wishes his or her name to appear as adoptive father or adoptive mother on the child's new birth certificate.		
Yes/No*		

FORM 43

R.146

ADOPTION ORDER

(Title as in Form 37)

(Order where child is born outside Singapore)

1. Parties present at the hearing:

- (a) Male/Female applicant(s)*:
- (b) Applicant(s)'s solicitor*:
- (c) Natural mother/father*:
- (d) Natural mother's/father's solicitor*:
- (e) Guardian in adoption (name of Child Welfare Officer)*:

2. Orders made:

- (a) The Applicant(s) be authorised to adopt the said infant (original name of infant) to be called _____ born on _____.
- (b) The Applicant(s) pay(s) the costs of these proceedings to the Director-General of Social Welfare.
- (c) (To specify if any other order given.)

This form requires sealing by the Court and the signature of the Registrar.

(*Delete as appropriate)

SCHEDULE

CHILD'S PARTICULARS	Full name before adoption					Full name conferred by Adoption Order	
	Sex	Date of birth	Day	Month	Year	Place of birth	Birth Register No./Entry No. of Previous Adoption
Natural Parents/Previous Adopters	Name of Father					Citizenship of Father at the time of the child's birth	Singapore NRIC No.
	Name of Mother					Citizenship of Mother at the time of the child's birth	Singapore NRIC No.
ADOPTIVE PARENTS	Name and Surname					Date of birth	Country of birth
	Race/Dialect Group		Nationality/Citizenship			Singapore NRIC No.	
Father	Occupation					Address	
	Maiden name					Date of birth	Country of birth
Mother							

Race/Dialect Group Nationality/Citizenship Singapore NRIC
No.

Occupation Address

Date of Adoption Order

Description of Court by which made

In the case of adoption by a single adopter, whether adopter wishes his or her
name to appear as adoptive father or adoptive mother on the child's new birth
certificate.

Yes/No*

1. No. of Entry:
2. Date and country of birth of child:
3. Name and surname of child:
4. Sex of child:
5. Name and surname, address and occupation of adopter or adopters:
6. Date of adoption order and description of Court by which made:
7. Date of Entry:
8. Signature of officer deputed by Registrar-General to effect the entry:

NOTICE OF MOTION
(SECTIONS 405 AND 407)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Motion No. _____ of 20 ____

IN THE MATTER OF SECTIONS 405 AND 407 OF
THE CRIMINAL PROCEDURE CODE (CAP. 68)

And

[NAME AND IDENTIFICATION OF CHILD / YOUNG PERSON]

Between

... Applicant

And

... Respondent

NOTICE OF MOTION

TAKE NOTICE that this Honourable Court will be moved on the ____ day of _____ 20 ____
at _____ a.m./p.m. or soon thereafter for [the Applicant to be heard in person/counsel for the
Applicant to be heard] for an Order that:

The grounds for the application are set out in the supporting affidavit of _____ dated
_____ filed herein.

Applicant/ Solicitors for the Applicant

Dated this ____ day of _____ 20 ____.

The address for service of the abovenamed Applicant is _____.

To: The Respondent
[Address]

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

IN THE MATTER OF THE CHILDREN AND YOUNG PERSONS ACT (CAP.38)

AND

IN THE MATTER OF A CHILD OR YOUNG PERSON

APPLICATION BY DIRECTOR-GENERAL / PROTECTOR / APPROVED WELFARE OFFICER*

The above-mentioned applicant hereby applies to the Youth Court under the undermentioned provision(s) for the appropriate orders to be made under the Children and Young Persons Act (Cap 38):

2. Name of Child or Young Person:

BC No. / NRIC No.:

Order Number: CPO/ECPO/BPC/FGO* _____

Date of Order:

3. Provision(s) under which the order(s) is/are applied for:

- s49(1F) – Application for order on appropriate fit person or place of safety or place of temporary care and protection after 3 variations
- s49(9) – Application for variation or discharge of Care and Protection Order
- s49A(2) – Application for order for Director-General or protector or care-giver to decide on Category 2 matter for child or young person under Care and Protection Order
- s49A(3) – Application for order in respect of making of decisions affecting child or young person under existing Care and Protection Order
- s49A(4) – Application for additional order for Director-General or protector to decide on a Category 3 matter for child or young person under Care and Protection Order
- s49B(10) – Application for variation or discharge of Enhanced Care and Protection Order
- s49D(2) – Application for additional order for Director-General or protector to decide on Category 3 matter for child or young person under Enhanced Care and Protection Order
- s50(10) – Application for order on appropriate fit person or place of safety after 3 variations
- s50(15) – Application for variation or discharge of Family Guidance Order
- Others – [*Insert section number and type of application*]

4. Reasons in support of application (Please attach supporting affidavit / documents, if any)

Name of applicant:

Designation:

Address for service:

E-mail address:

I hereby consent/do not consent* for any notice or document to be served on me by way of electronic mail transmitted to the above e-mail address.

Signature of applicant: _____

Date:

* Delete where inapplicable

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

IN THE MATTER OF THE CHILDREN AND YOUNG PERSONS ACT (CAP.38)

AND

[NAME AND IDENTIFICATION OF CHILD / YOUNG PERSON]

NOTICE OF APPLICATION

To (Name of Parent / Guardian)

Of (Address)

WHEREAS the Youth Court has dealt with / made a Care and Protection Order/Enhanced Care and Protection Order/Family Guidance Order* in respect of the above-named child/young person*.

AND WHEREAS the Director-General/Protector/Approved Welfare Officer* has made an application for the appropriate orders under the following provision(s):

[Specify section number(s) of the above-mentioned Act and type of application(s)]

YOU ARE HEREBY GIVEN NOTICE of the above application and that you are to appear before the Youth Court _____ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

TAKE NOTICE that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

* Delete where inapplicable

Dated this _____ day of _____, 20 ____.

Court Seal

.....

Clerk

.....

District Judge / Magistrate

Department

Received the duplicate of this process on the _____ day of _____, 20 ____.

.....

Name & Signature

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

IN THE MATTER OF THE CHILDREN AND YOUNG PERSONS ACT (CAP.38)

AND

IN THE MATTER OF A CHILD OR YOUNG PERSON

APPLICATION BY PARENT / GUARDIAN* OF CHILD OR YOUNG PERSON

I, _____ (NRIC No./ID No: _____) the parent/guardian* of the undermentioned child/young person hereby apply to the Youth Court under the undermentioned provision(s) for the appropriate orders to be made under the Children and Young Persons Act (Cap 38) :

2. Name of Child or Young Person:
 BC No. / NRIC No.:
 Case Number: CPO/ECPO/BPC/FGO/* _____
 Date of Order:
3. Provision(s) under which the order(s) is/are applied for:
- s49(1D) – Application for review of determination or variation of determination by Director-General or protector
 - s49A(5) – Application for determination of decision by Director-General or protector or care-giver for child or young person under Care and Protection Order
 - s49B(10) – Application for variation or discharge of Enhanced Care and Protection Order
 - s49B(11) – Application for leave to apply for variation or discharge of Enhanced Care and Protection Order
 - s49D(3) – Application for determination of decision by Director-General or protector or care-giver for child or young person under Enhanced Care and Protection Order
 - s50(15) – Application for variation or discharge of Family Guidance Order
 - Others – [*Insert section number and type of application*]
4. Reasons in support of application (Please attach supporting affidavit / documents, if any)

Name of applicant:
 Address for service:
 E-mail address:

I hereby consent/do not consent* for any notice or document to be served on me by way of electronic mail transmitted to the above e-mail address.

Signature of applicant: _____

Date:

* Delete where inapplicable

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

IN THE MATTER OF THE CHILDREN AND YOUNG PERSONS ACT (CAP.38)

AND

[NAME AND IDENTIFICATION OF CHILD / YOUNG PERSON]

NOTICE OF APPLICATION

To (Director-General of Social Welfare / Protector)

Of (Address)

WHEREAS the Youth Court has made a Care and Protection Order / Enhanced Care and Protection Order / Family Guidance Order* in respect of the above-named child/young person*.

AND WHEREAS the parent or guardian has made an application for the appropriate orders under the following provision(s):

[Specify section number(s) of the above-mentioned Act and type of application(s)]

YOU ARE HEREBY GIVEN NOTICE of the above application and that you are to appear before the Youth Court _____ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

TAKE NOTICE that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

** Delete where inapplicable*

Dated this _____ day of _____, 20 ____.

Court Seal

.....

Clerk

.....

District Judge / Magistrate

Department

Received the duplicate of this process on the _____ day of _____, 20 ____.

.....

Name & Signature

FORM 64A

R. 295G(2)

(i) For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(i) Vulnerable Adults Act

MENTAL CAPACITY ASSESSMENT REPORT

To be filled in by a mental capacity assessor as appointed by the Director-General of Social Welfare under the Vulnerable Adults Act 2018

(A) INDIVIDUAL'S PARTICULARS			
Name (as in NRIC):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
NRIC / FIN / Passport no.:		Date of Birth:	___ / ___ / ___ DD MM YYYY
		Place of Assessment: Date of assessment:	 ___ / ___ / ___ DD MM YYYY
	<input type="checkbox"/> NRIC (Pink) <input type="checkbox"/> NRIC (Blue) <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify: _____)		

(B) ASSESSOR'S PARTICULARS

Name (as in NRIC):		Contact no.:	
MCR/SRP no.:			
Designation and Department:			
Assessor's qualifications and experience in assessing mental capacity:			
Hospital / clinic / organisation and address:			
Relationship with VA: (please tick where applicable)	<input type="checkbox"/> <i>I have been seeing the VA regularly over a period of time</i> Date of first consultation/assessment: _____ Frequency of consultation/assessment: _____ Date of last examination/assessment: _____ <input type="checkbox"/> <i>I am seeing the VA for this mental capacity assessment only.</i>		

(C) INDIVIDUAL'S MEDICAL INFORMATION

Past medical history (if any)	Past Diagnosis: Date of assessment: Source of information:
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	<input type="checkbox"/> Medical records/report – please specify doctor & clinic/hospital: _____ <input type="checkbox"/> Vulnerable adult <input type="checkbox"/> Others – please specify: Name: _____ Relationship: _____
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Current Diagnosis:	Please state what the individual is suffering from.
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Symptoms in relation to mental capacity:	<p>Is there a current impairment of or disturbance in the functioning of the person’s mind or brain? <i>(e.g., symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition)</i></p> <p><u>Note: If there is no indication of impairment of or disturbance in the functioning of the person’s mind or brain, the person will not lack capacity within the meaning of s4 of the Mental Capacity Act.</u></p>
-------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(D) ASSESSMENT OF VULNERABLE ADULT’S MENTAL CAPACITY

A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.

A person is unable to make a decision for himself if he is unable –

- (a) To understand the information relevant to the decision;*
- (b) To retain that information;*
- (c) To use or weigh that information as part of the process of making the decision; or*
- (d) To communicate his decision (whether by talking, using sign language or any other means).*

The information relevant to a decision includes information about the reasonably foreseeable consequences of –

- (a) Deciding one way or another; or*
- (b) Failing to make the decision.*

A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

Mental capacity to consent	<i>Does the Vulnerable Adult have the mental capacity to consent to the court interventions indicated in sub-sections _____:</i>	
	i. To be committed to a place of temporary care and protection or the care of a fit person for a period not exceeding six months;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	ii. To be committed to a place of safety or the care of a fit person for a specified period exceeding six months;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	iii. For a person to produce him/her at a medical or dental facility for such medical or dental treatment as may be necessary to enable his/her committal to a place of temporary care and protection, the care of a fit person or a place of safety;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision

	<p>iv. To be placed under the supervision of protector, approved welfare officer or a person appointed by the Court, for a specified period;</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	<p>v. To make his/her place of residence a safe living environment, including removing him/her temporarily for this purpose and disposing of articles or things in the residence;</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	<p>vi. To restrain another person from abusing or further abusing him/her; and</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	<p>vii. To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information

		<input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	viii. To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	ix. To prohibit a person from visiting or communicating with him/her; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	x. To be required to attend counselling or any other court directed programmes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision

	xi. To be placed under the custody, charge and care of the Director- <u>General</u> of Social Welfare/ protector until an application to court under Section 12 is made and determined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
Basis of opinion	<i>Supporting information / clinical observations:</i>	
(E) PROGNOSIS		
<p>Where “No” is indicated in any or all of the above:</p> <p>Do you consider there is a prospect that the person might regain or acquire capacity in the future in respect of the decisions to which the application relates?</p> <p><input type="checkbox"/> Yes. Please state why and given an indication of when this might happen:</p> <p><input type="checkbox"/> No. Please state why:</p>		
(F) ANY OTHER INFORMATION / REMARKS		

(G) DECLARATION

I believe in the correctness of the assessment set out herein.

I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates.

I understand that this report may be used by the Director-General of Social Welfare or protector in the exercise of statutory powers under the Vulnerable Adults Act, or submitted to the Court in an application for a court order under the Vulnerable Adults Act.

The assessment of mental capacity is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act.

Signature: _____

Date: _____

Time: _____

(ii) For applications for Orders under sections 14 and 15 by a person mentioned in section 12(2)(a)(ii) or (iii)

MENTAL CAPACITY ASSESSMENT REPORT

(For use in support of a Court application under the Vulnerable Adults Act)

Date: _____

Full name of Patient: _____

NRIC No.: _____

Age of Patient at last birthday: _____

This is to certify that:

- a) the above-named patient does not have the mental capacity to give consent to either an approved welfare officer or his/her donee/deputy (if any) or a family member to make an application for any of the Court Orders stated below.
- b) [Optional] Medical diagnosis

ASSESSMENT OF VULNERABLE ADULT'S MENTAL CAPACITY		
Mental capacity to consent	<p><i>Does the Vulnerable Adult have the mental capacity to consent to the following court interventions:</i></p>	
	<p>i. Section 14(1)(e) To restrain another person from abusing or further abusing him/her; and/or</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>
Mental capacity to consent	<p>ii. Section 14(1)(f) To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and/or</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>

ASSESSMENT OF VULNERABLE ADULT'S MENTAL CAPACITY

	<p>iii. Section 14(1)(g) To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and/or</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>
	<p>iv. Section 14(1)(h) To prohibit a person from visiting or communicating with him/her.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>

Name of Doctor:
Clinic/Hospital:
Medical Registration Number:

Guidance Notes:

A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.

A person is unable to make a decision for himself if he is unable –

- (a) To understand the information relevant to the decision;*
- (b) To retain that information;*
- (c) To use or weigh that information as part of the process of making the decision; or*
- (d) To communicate his decision (whether by talking, using sign language or any other means).*

The information relevant to a decision includes information about the reasonably foreseeable consequences of

- (a) Deciding one way or another; or*
- (b) Failing to make the decision.*

A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

FORM 64B

R. 295I(1)(a)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of Section 11(2)/14(1)/17(1) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

NOTICE OF APPLICATION

To (Name of Vulnerable Adult)

Of (Address)

WHEREAS the Director-General of Social Welfare/protector has reason to believe that you, the abovenamed vulnerable adult, has experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

AND WHEREAS an application by the Director-General/protector has been made for an order under [specify which order under section 11(2)/14(1)/17(1)] of the above-mentioned Act, namely [state nature of order].

YOU ARE HEREBY GIVEN NOTICE of the above application. If you wish to object to the application, you are to appear before the Family Justice Courts No. ____ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

TAKE NOTICE that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

Dated this ____ day of _____, 20 ____.

Court Seal

.....

Clerk

Department

.....

District Judge / Magistrate

Received the duplicate of this process on the ____ day of _____, 20 ____.

.....

Name & Signature

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of Section 11(2)/14(1)/17(1) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

NOTICE OF APPLICATION

To (Name)

Of (Address)

WHEREAS the Director-General of Social Welfare/protector has reason to believe that the above-named vulnerable adult has experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

AND WHEREAS an application by the Director-General/protector has been made for an order under [specify which order under section 11(2)/14(1)/17(1)] of the above-mentioned Act, namely [state nature of order].

YOU ARE HEREBY GIVEN NOTICE of the above application. If you wish to object to the application, you are to file a Notice of Objections (a copy enclosed) with the Family Justice Courts at 3 Havelock Square Singapore 059725 and upon acceptance of your Notice by the Court, to serve a copy of the Notice on the Director-General of Social Welfare/protector at [address of DGSW/Protector], within seven (7) days of the service of this Notice of Application on you.

TAKE NOTICE that if there is no Notice of Objections filed within the stipulated timeline, the Court may proceed to hear and determine the application without further reference to you.

Dated this _____ day of _____, 20 _____.

Court Seal

.....

Clerk

Department

.....

District Judge / Magistrate

Received the duplicate of this process on the _____ day of _____, 20_____.

.....

Name & Signature

FORM 64C

R. 295I(2)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of the Section 7(3)/10(4) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

NOTICE OF APPLICATION

To (Name of Vulnerable Adult)

Of (Address)

WHEREAS the Director-General of Social Welfare/protector has reason to believe that you have experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

AND WHEREAS an application by the Director-General/protector has been made for an order under [specify which order under section 7(3)/10(4)] of the above-mentioned Act, namely [state nature of order].

YOU ARE HEREBY GIVEN NOTICE of the above application. If you wish to object to the application, you are to appear before the Family Justice Courts No. _____ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

TAKE NOTICE that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

Dated this _____ day of _____, 20 _____.

Court Seal

.....

Clerk

Department

.....

District Judge / Magistrate

Received the duplicate of this process on the _____ day of _____, 20_____.

.....

Name & Signature

FORM 64D

R. 295I(4)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of the
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

NOTICE TO DISPUTE MENTAL CAPACITY

To: Director-General of Social Welfare/protector

Of (Address)

1. Whereas an application has been made by the above applicant for an Order under Section 14 of the abovementioned Act; and the abovementioned vulnerable adult had received the Notice of Application from the Director-General of Social Welfare/protector on [date] at [state address, email etc. where the Notice of Application was received].

2. I, [state name] [Identification Number], the [state nature of relationship to the vulnerable adult (e.g., father, daughter)] of the vulnerable adult hereby gives notice that I wish to dispute that the vulnerable adult has mental capacity to consent to the application(s) made by the Director-General of Social Welfare/protector under the above-mentioned Act and wish to be heard on the same.

[Facts/Documents in support]

3. The address to which communications should be sent to me is:

[Note: this must be an address in Singapore. If a solicitor is acting for you, give the name and address of your solicitor in Singapore.]

4. My other contact particulars are:

Handphone & Email:

5. I understand that upon filing this Notice and if accepted, the Court will fix a case conference for which my attendance is required for the Court to give directions on the matter.

Name & Signature: _____

Date of birth: _____

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of the
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

NOTICE OF OBJECTIONS

To:

I) Family Justice Courts

II) Director-General of Social Welfare/protector

1. Whereas an application has been made by the above applicant for an Order under section 14 of the abovementioned Act and that a Notice of Application was served on me.

2. I, [state name] [Identification Number], the [state nature of relationship to the vulnerable adult (e.g., father, daughter)] of the vulnerable adult hereby gives notice that I intend to object to the application and wish to be heard on the same.

[Brief Grounds/Reasons for objections]

3. The address to which communications should be sent to me is:

[Note: this must be an address in Singapore. If a solicitor is acting for you, give the name and address of your solicitor in Singapore.]

4. My other contact particulars are:

Handphone & Email:

5. I understand that after my Notice of Objections has been filed and accepted by the Family Justice Courts, I will have to serve the Notice of Objection on the Director-General of Social Welfare/Adult Protector, Ministry of Social and Family Development (MSF) and attend a case conference where the Court may give such directions as it deems fit.

Name & Signature: _____

Date of birth: _____

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of the
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector... Applicant

CONSENT OF VULNERABLE ADULT

1. I, [name] [Identification number] of [address], hereby give my consent to [Director-General of Social Welfare/protector/approved welfare officer/done/deputy/family member] to make an application under the Vulnerable Adults Act 2018 for the following orders [circle where applicable]:
 - a. To be removed from the place where I am residing to be committed to a place of temporary care and protection, or the care of a fit person, for a period not exceeding 6 months [section 14(1)(a)];
 - b. To be removed from the place where I am residing to be committed to a place of safety or the care of a fit person [section 14(1)(b)];
 - c. To be produced for medical/dental assessment and/or treatment (specify treatment: _____) that is necessary to enable my committal to a place of temporary care and protection, place of safety or care of a fit person [section 14(1)(c)];
 - d. To be placed under the supervision of a protector, an approved welfare officer or another person appointed by the Court [section 14(1)(d)];
 - e. To restrain another person (name____) from abusing or further abusing me [section 14(1)(e)];
 - f. To be granted exclusive right of occupation of the premises where I ordinarily reside, or part thereof, to the exclusion of another person (name____) [section 14(1)(f)];
 - g. To prohibit a person (name____) from entering and remaining in a specific area outside my place of residence or any other place I frequent [section 14(1)(g)];
 - h. To prohibit a person (name____) from visiting or communicating with me [section 14(1)(h)];

- i. To be required to attend counselling [section 14(1)(i)],
- j. To make my place of residence a safe living environment, including removing me temporarily for this purpose and disposing of articles or things in the residence [section 14(1)(j)];
- k. To file an application for contempt of court against [name of respondent] [section 16];
- l. To file an application to vary, suspend or revoke an earlier order made [section 17(4)].

Signature of the Vulnerable Adult

Witnessed before me _____)

Signature of Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist*

Registration No. (if any):

If witness is not one of above:

Name of Witness:

NRIC:

Address:

I confirm that I am 21 years of age and have no interest in the case.

Signature

*delete where inapplicable

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

In the Matter of

Section 14(1)(j) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director-General of Social Welfare/protector...Applicant

CONSENT OF OWNER OF RESIDENCE UNDER SECTION 14(1)(J)
OF THE VULNERABLE ADULTS ACT 2018

1. I, [name] [Identification number] of [address], hereby give my consent to [the Director-General of Social Welfare/protector] to make an application under section 14(1)(j) of the Vulnerable Adults Act 2018 for an order authorising the Director-General/protector/[state the name of other person/company] to make my residence at [state address of the residence] a safe living environment and authorising the disposal by the Director-General/protector/[state the name of other person/company] of any article or thing in the said residence to make the said residence a safe living environment.

Signature of the Owner

Witnessed before me)

Signature of Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist*

Registration No. (if any):

If witness is not one of above:

Name of Witness:

NRIC:

Address:

I confirm that I am 21 years of age and have no interest in the case.

Signature

*delete where inapplicable

FORM 188A

R. 34C
Para 8A

**NOTICE OF ACCEPTANCE/NON-ACCEPTANCE
BY PARENTING COORDINATOR**

To: The Registrar, Family Justice Courts

I, [state name], hereby notify the Court of the following:*

I accept the appointment as Parenting Coordinator.

I am not aware of any conflict, circumstance, or reason that renders me unable to serve as the Parenting Coordinator in this matter and I will immediately inform the court and the parties if such arises.

I do not accept the appointment as Parenting Coordinator.

Reason: [state reason]

Name:

Signature:

Date:

* Check one only.

**CONSENT FOR SERVICE BY WAY OF EMAIL OR MOBILE PHONE NUMBER FOR
SUMMONSES MADE UNDER SECTION 71 AND SECTION 72 OF THE WOMEN'S
CHARTER (CAP. 353)**

To: The Registrar, Family Justice Courts

A maintenance order has been made in _____ [state case number] dated _____ [insert date].

I hereby consent to receiving any summons filed against me under section 71 (for enforcement of the maintenance order) or section 72 (for rescission or variation of the maintenance order) ("the Summons") in the following manner:¹

*(a) by way of email to my email address at _____ [insert email address]; *and/or

*(b) by way of multimedia messaging service or other messaging communication at my mobile telephone number at _____ [insert mobile telephone number].

(*to delete if not applicable)

Service in the above manner shall constitute good and sufficient service of the Summons on me. In this regard, I understand that the Court is at liberty to effect service of any summons under section 71 or section 72 on me in accordance with the modes of service permitted at law, and is not limited to effecting service by email and/or messaging communication at my mobile phone number.

I further acknowledge that:

1) It is my responsibility to inform the Court of any changes in my contact details. In the event that there is a change to my email address or my mobile telephone number, I will notify the Court within seven (7) days of such change by writing in to FJCOURTS_MAINTPOS@FJCourts.gov.sg.

2) I understand that this consent continues to be valid until and unless it is revoked. If I wish to revoke my consent, I will inform the Court by writing in to FJCOURTS_MAINTPOS@FJCourts.gov.sg. If there is revocation of consent, the date of revocation shall be taken to be the date of the email unless it is otherwise specified to take effect on a later date. Unless my consent is revoked in the manner provided, the Court is entitled to rely on this consent for purposes of serving the Summons on me.

Name of consenting party:

Signature of consenting party:

Date:

Interpreted by (if required): [State Name of court interpreter or consenting party's solicitor]

¹ Section 72 of the Women's Charter does not apply to the variation or rescission of a maintenance order made in nullity, divorce, judicial separation or originating summons proceedings.

FORM 243

Para 86(5)(b)

JOINT SUMMARY

(of parties' respective positions as at DDMMYY)

(TITLE AS IN ACTION)

Section 1: Background information

S/No	Particulars	Husband	Wife	Remarks
1.	Current age of parties (birth date in brackets)			
2.	Date of Marriage			
3.	Date of Interim Judgment - including period of separation (if applicable)			
4.	Occupation and educational /professional qualifications where applicable			

5.	Monthly Income (based on average annual income of SGD ____ including bonuses based on latest Notice of Assessment)			<i>(include Pg Ref to CB if applicable)</i>
----	-----------------------------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------

Section 2: Children's issues

2a. Details of children:

Full Name	Birth date	Age (this calendar year)	Remarks (include educational/ professional qualifications where applicable)

2b. Proposals: (State each party's position on the issues; if grandparents are involved in the care plan, please state age of grandparents and details of involvement)

	Husband's position on custody, care and control and access
(i)	
	Wife's position on custody, care and control and access
(ii)	

Section 3: Division of Assets

The full address of each immovable property (including the matrimonial home and all other properties) is to be listed. The date of purchase and purchase price, and if sold, the date of sale and sale price should be listed in the “applicable “remarks” column.

A liability which is related to an asset must be reflected together with the asset. An example is the mortgage loan.

A standalone liability must be stated as a negative value. An example is a personal loan.

An asset/liability should only be stated once in Section 3 and should not be duplicated in multiple sections. For example, a mortgage loan related to the matrimonial home should not be reflected separately as a standalone liability.

State only quantifiable assets in Sections 3a to c. Quantifiable assets include assets where a party asserts/claims to be of an ascertainable value. Please refer to examples in Section 3b.

State all non-quantifiable claims (unknown value or assertion of adverse inference) in Section 3e.

Any asset disputed to be a matrimonial asset should be included in this section, with the parties' positions reflected under 'Remarks'.

All references should be to the Core Bundle only.

Preliminary

Item	H's position		W's position	
Date for ascertaining pool of assets				
Date for determining value of assets				
Exchange rate to be applied <i>(State if there is any dispute and the basis of dispute)</i>	Currency	Rate to 1 SGD	Currency	Rate to 1 SGD
	<i>For e.g. USD</i>	<i>0.74</i>		
	<i>For e.g. RM</i>	<i>2.9</i>		

3a. Joint Assets (Quantifiable)

S/n	Asset (with related liability)	H's Value / date of valuation	Pg Ref to CB	Remarks	W's value / date of valuation	Pg Ref to CB	Remarks
(i)	<i>For e.g. Property ABC (with outstanding mortgage)</i>	<i>Gross value (-liability) NET VALUE /As at DDMMYY</i>	<i>CB pg x</i>	<i>For e.g. Purchased prior to the marriage</i>	<i>Gross value (-liability) NET VALUE /As at DDMMYY</i>	<i>CB pg x</i>	
(ii)	<i>For e.g. Company XYZ</i>	<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>		<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>	
	<u>Sub-total</u>						

3b. Husband's assets (Quantifiable)

S/n	Asset (with related liability)	H's Value / date of valuation	Pg Ref to CB	Remarks	W's value / date of valuation	Pg Ref to CB	Remarks
(iii)	<i>For e.g. CPF accounts</i>	<i>Xxx / As at DDMMYY</i>	<i>CB pg x</i>		<i>Xxx / As at DDMMYY</i>	<i>CB pg x</i>	
(iv)	<i>For e.g. Bank Account 123</i>	<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>		<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>	
(v)	<i>For e.g. Car</i>	<i>Gross value</i>	<i>CB pg x</i>		<i>Gross value</i>	<i>CB pg x</i>	

		<i>(-liability) NET VALUE /As at DDMMYY</i>			<i>(-liability) NET VALUE /As at DDMMYY</i>		
	<u>Sub-total</u>						

3c. Wife's assets (Quantifiable)

S/n	Asset (with related liability)	H's Value / date of valuation	Pg Ref to CB	Remarks	W's value / date of valuation	Pg Ref to CB	Remarks
(vi)	<i>For e.g. CPF accounts</i>	<i>Xxx / As at DDMMYY</i>	<i>CB pg x</i>		<i>Xxx / As at DDMMYY</i>	<i>CB pg x</i>	
(vii)	<i>For e.g. Bank Account 123</i>	<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>		<i>Yyy / As at DDMMYY</i>	<i>CB pg x</i>	
	<u>Sub-total</u>						

3d. Direct contributions

State parties' respective direct financial contributions to the assets stated in Sections 3a to 3c, and whether this is disputed or agreed. The s/n of each item in this section must match with the s/n of the corresponding item in Sections 3a to 3c.

S/n	Item (in accordance with 3a–3c)	H's position		Pg Refs to CB	W's position		Pg Refs to CB
		H's Direct Contributions	W's Direct Contributions		H's Direct Contributions	W's Direct Contributions	
(i)	<i>For e.g. CPF Property ABC (with outstanding mortgage)</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Agreed</i>	<i>CB pg x</i>
	<i>For e.g. Cash downpayment Property ABC</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Agreed</i>	<i>CB pg x</i>
(ii)	<i>For e.g. Cash downpayment Company XYZ</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. 789</i>	<i>For e.g. 123</i>	<i>CB pg x</i>
(iii)	<i>For e.g. Husband's CPF accounts</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. 789</i>	<i>For e.g. 123</i>	<i>CB pg x</i>
(iv)	<i>For e.g. Husband's Bank Account 123</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Nil</i>	<i>CB pg x</i>
(v)	<i>For e.g. Car</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Nil</i>	<i>CB pg x</i>

(vi)	<i>For e.g. Wife's CPF accounts</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Agreed</i>	<i>CB pg x</i>
(vii)	<i>For e.g. Wife's Bank Account 123</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Agreed</i>	<i>CB pg x</i>
(viii)	<i>Renovation</i>	<i>For e.g. 123</i>	<i>For e.g. 456</i>	<i>CB pg x</i>	<i>For e.g. Agreed</i>	<i>For e.g. Agreed</i>	<i>CB pg x</i>
	<u>Sub- total</u>						
	<u>Ratio (%)</u> <i>(This should form the basis of the ratio of direct contributions in Section 3f below)</i>						

3e. Parties' position on unquantifiable assets (if any)

State parties' positions on unquantifiable assets (if any). Include assets which value is unknown to both parties and any assertion of non-disclosure.

Ensure 'Remarks' (if any) are summarised succinctly with relevant page references to the CB where applicable.

Assertion by Husband				
S/n	Asset	H's Value	Pg Ref to CB	Remarks
(i)	<i>For e.g. W's ABC Bank account</i>	<i>For e.g. xxx</i>	<i>CB pg x</i>	
(ii)	<i>For e.g. W's ABC Company</i>	<i>For e.g. unknown</i>	<i>CB pg x</i>	
	<u>Conclusion</u>	<u>To adjust average ratio by yyy%</u>		

Assertion by Wife				
	Asset	W's value	Pg Ref to CB	Remarks
(iii)	<i>For e.g. H's ABC Bank account</i>	<i>For e.g. xxx</i>	<i>CB pg x</i>	
(iv)	<i>For e.g. H's ABC Company</i>	<i>For e.g. unknown</i>	<i>CB pg x</i>	
	<u>Conclusion</u>	<u>To adjust average ratio by yyy%</u>		

3f. Proposed structured approach ratios

State the proposed ratios, if applicable.

	Husband's Position		Wife's Position	
	Husband	Wife	Husband	Wife
A. Direct Contributions	<i>For e.g. 20%</i>	<i>For e.g. 80%</i>	<i>For e.g. 0%</i>	<i>For e.g. 100%</i>
B. Indirect Contributions	<i>For e.g. 80%</i>	<i>For e.g. 20%</i>	<i>For e.g. 50%</i>	<i>For e.g. 50%</i>
C. Average Ratio	<i>For e.g. 50%</i>	<i>For e.g. 50%</i>	<i>For e.g. 25%</i>	<i>For e.g. 75%</i>
D. Final Ratio <i>(inclusive of adjustment or changes due to weightage, if any)</i>	<i>For e.g. <u>60%</u></i>	<i>For e.g. <u>40%</u></i>	<i>For e.g. <u>25%</u></i>	<i>For e.g. <u>75%</u></i>

Section 4. Maintenance for children

4a. Main proposals

	Husband's claim/offer for maintenance for the children
(i)	
	Wife's claim/offer for maintenance for the children
(ii)	

4b. Parties' positions on the children's estimated expenses

State all items indicated in both parties' affidavits without duplication.

State if each item is disputed on principle or quantum, or both, as applicable.

State clearly if the list of expenses is for each child or all children.

S/n	Item	Disputed on principle (Y/N)		Remarks	Disputed on quantum	
		H	W		Husband's estimate	Wife's estimate
(i)	<i>For e.g. Toys</i>				<i>For e.g. 500</i>	<i>For e.g. 100</i>
(ii)						
(iii)						
	<u>Total</u>					

Section 5. Maintenance for Wife / Incapacitated Husband (delete as applicable)

5a. Main proposals

	Position of receiving spouse	Position of paying spouse
Lump sum (Multiplier x Multiplicand)		
(or) Monthly periodic sum		

5b. Parties' respective positions on the spouse's estimated expenses

State all items indicated in both parties' affidavits without duplication.

State if each item is disputed on principle or quantum, or both, as applicable.

S/n	Item	Disputed on principle (Y/N)		Remarks	Disputed on quantum	
		Y	N		Receiving spouse's estimate	Paying spouse's estimate
(i)	<i>For e.g. Clothes</i>				<i>For e.g. 500</i>	<i>For e.g. 50</i>
(ii)						
(iii)						
	<u>Total</u>					

The parties understand that the Court will rely on the parties' respective positions in this Joint Summary when determining the ancillary matters. Where this Joint Summary discloses material facts or questions of law which are agreed between the parties, the Court may make such orders on the agreed facts or questions of law.

The Plaintiff accepts the Joint Summary to be his/her binding position.

The Defendant accepts the Joint Summary to be his/her binding position.

Signed by: the Plaintiff

Signed by: the Defendant

Dated:

Dated: