



**FAMILY INTEGRATED
APPLICATION
MANAGEMENT SYSTEM
(iFAMS)**

For

FAMILY JUSTICE COURTS

**USER GUIDE for
General Public**

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Getting to iFAMS application webpage

- a. Type in <https://ifams.gov.sg/> in URL

Detailed steps on filing iFAMS MCA application

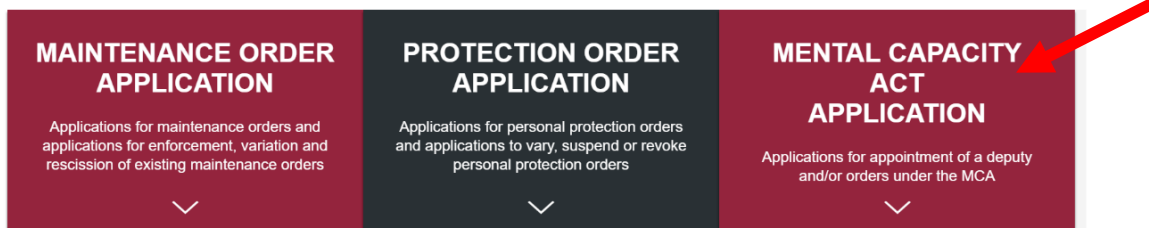
Step 1: Initial login

- a. Click on “Mental Capacity Act Application”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application



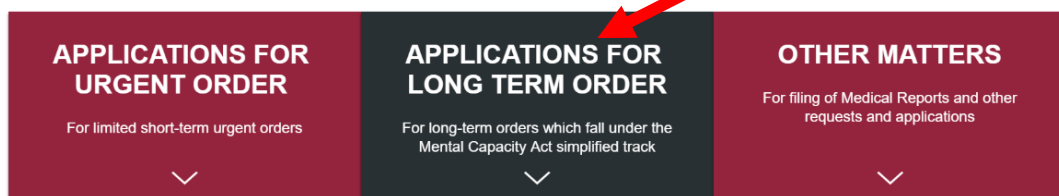
MAINTENANCE ORDER APPLICATION Applications for maintenance orders and applications for enforcement, variation and rescission of existing maintenance orders	PROTECTION ORDER APPLICATION Applications for personal protection orders and applications to vary, suspend or revoke personal protection orders	MENTAL CAPACITY ACT APPLICATION Applications for appointment of a deputy and/or orders under the MCA
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- b. Click on “Applications for Long Term Order”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application



APPLICATIONS FOR URGENT ORDER For limited short-term urgent orders	APPLICATIONS FOR LONG TERM ORDER For long-term orders which fall under the Mental Capacity Act simplified track	OTHER MATTERS For filing of Medical Reports and other requests and applications
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- c. Click on “Application for appointment of Deputy” and login via Singpass. Click “Proceed”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application

APPLICATIONS FOR URGENT ORDER

For limited short-term urgent orders



- > [Application for appointment of Deputy](#)
- > [Application to change existing Long Term Order](#)
- > [Application to revoke Long Term Order](#)

APPLICATIONS FOR LONG TERM ORDER

For long-term orders which fall under the Mental Capacity Act simplified track

OTHER MATTERS

For filing of Medical Reports and other requests and applications



Step 2: Application Details

For long-term orders, applicants are required to indicate whether there are 1 or 2 applicants filing as deputy and the powers requested from a list of checkboxes.

- a. Once done, please check “No” for “Is there an existing order for the patient?” and click “Retrieve” to retrieve the submitted medical report from iFAMS

Application under the Mental Capacity Act

Application Details

APPLICATION DETAILS

Number of Applicants *

1 2

Applicant's Identification No. *

NRIC



P's Identification No. *

Passport



Is there an existing order for the Patient? *

Yes No

Change

Medical Report

MR 85/2019 submitted on 15/05/2019 has been detected.

* I confirm that this Medical Report will be used for my Application.

Application Type *

Fresh Application

The Applicant is seeking the following order: *

Access to P's funds to pay for P's expenses

Applying for care services for the Patient

Representing the Patient in legal proceedings

[< Cancel & Exit](#)

Previous

Save As Draft

Proceed

- b. Please complete the rest of the details and proceed.

Step 3: Applicant's and Patient's details

- a. Fill in the necessary information for Applicant's details and Patient's details in the subsequent pages.

Step 4: Consent of relevant persons

Please indicate all persons relevant to P, which includes all immediate family members as well as other Relevant Persons.

All persons listed on this page are required to submit their consent for the MCA Application via Singpass (or Applicant submit Declaration of Service). If you are unable to obtain their consent, you will need to state the reasons why consent was not given as below.

Application under the Mental Capacity Act

Application Details	Applicant's Details	Patient's Details	Relevant Persons Details	Supporting Documents	Summary
---------------------	---------------------	-------------------	--------------------------	----------------------	---------

RELEVANT PERSONS DETAILS


Please note that all Relevant Persons above the age of 21 need to consent to this application.

A Relevant Person may login with SingPass to confirm that he or she consents to this application, or you may obtain a signed consent form from the Relevant Person. A copy of the consent form can be obtained via the relevant link on the homepage.

The Applicant(s) should not be listed in the categories of Relevant Persons below.

PARENTS

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
1*		Mother				



ADDITIONAL INFORMATION

Please provide any additional information regarding the Relevant Persons.

- * I agree to this Application Form and any supporting documents filed herewith being provided to the Relevant Persons listed above.
I understand that the Court will send an email to the Relevant Persons whose email addresses I have provided and these Relevant Persons will be granted access to this Application Form and any supporting documents filed with it.

[< Cancel & Exit](#)

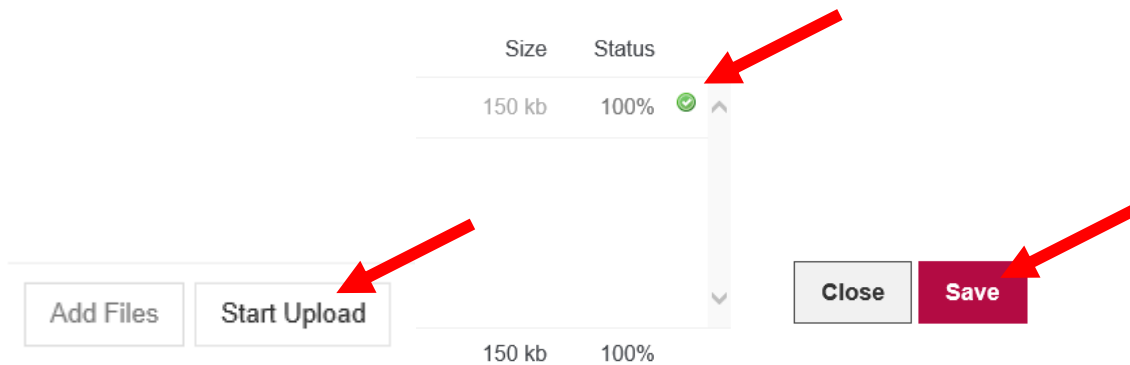
[Previous](#)

[Save As Draft](#)

[Proceed](#)

Step 5: Supporting documents

- Please click on “Add a document” and select the appropriate category of document that you will be uploading.
- Select “Add files” and “Start Upload”. Please ensure that it is 100% uploaded and save.



- Please ensure that your file appears under “Supporting Documents” and proceed.

Application under the Mental Capacity Act



You will need to provide the necessary background information to show why this application is necessary, i.e. why you need to be authorised to consent to medical and dental treatment for P. You will also need to file the following documents: (a) documents to prove that you are related to P (e.g. birth certificate, marriage certificate, adoption order), and (b) documents from P's doctor and/or dentist (if available).

Please also provide the following documents to support your application:

- Patient's Birth Certificate
- The latest bank statements relating to P's Bank Account
- Information regarding the care services to be engaged.

S/N	File Type	File	Action
1	Marriage Certificate	test.pdf	

+ Add a document

< Cancel & Exit

Previous

Save As Draft

Proceed

Step 6: Summary page

You will be directed to “Summary” page to complete Declaration.

- a. At the Declaration section, click on the checkboxes and ensure that one of the radio buttons is checked.

DECLARATION

* I confirm the following:

1. Consents and past applications concerning P

- a. All the Relevant Persons whose consent can be obtained have consented to this application.
- b. P has not registered a Lasting Power of Attorney.
- c. There has not been any past application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders : Treatment Act.
 There have been one or more past applications or orders made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act. The case nos. of these past applications are as follows:

2. Duties and Responsibilities

- a. I understand my responsibilities if I am appointed as Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duty as P's deputy, and I will not use my position for any personal benefit.
- b. I will have regard to the guidance in the Mental Capacity Act [Code of Practice](#) and act in accordance with the principles set out in [Section](#) the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.
- c. I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his/her own decision about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

3. Eligibility issues

- a. To the best of my knowledge and belief, I have not been the subject of any formal complaint to the Office of the Public Guardian.
- b. I have not been suspended or removed in respect of any appointment as Donee or Deputy for anyone.
- c. I am not an undischarged bankrupt.

* I confirm and declare that:

1. the information in this application form is true and correct to the best of my knowledge, information and belief;
2. the scanned copies of the documents submitted herewith are true copies of the originals;

- b. Before submitting, you may click on “Preview Application Form”.

Application Form:

Preview Application Form

Please note that once the "Submit" button is clicked, the application will be submitted.

- c. You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

APPLICATION FORM

APPLICANT

Personal Particulars

NAME
[REDACTED]

ID [REDACTED]	ID TYPE NRIC	D.O.B (DD/MM/YYYY) [REDACTED]	NATIONALITY Singapore Citizen
------------------	-----------------	-------------------------------------	----------------------------------

THE APPLICANT IS THE Father of P

Is the Applicant a Donee or Deputy for any other person? : No


Contact Information

ADDRESS
[REDACTED]

EMAIL [REDACTED]	MOBILE TEL NO. [REDACTED]
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Page 1 of 6

- d. Once verifying that no changes are to be made, you may click “Submit”.

Previous Save As Draft Submit 

- e. You will be directed to “Acknowledgement Page”.

Acknowledgement Page

ACKNOWLEDGEMENT

Your application has been **successfully created** on 09/07/2019 at 05:38 PM.

The application number is **MCA-APP** [REDACTED]

Please note that the Applicant(s) and Relevant Persons (if any) must **submit a declaration / consent** and the Applicant(s) **make payment** before the application can be submitted to the Family Justice Courts.

Please complete the submission of declaration / consent and make payment for the application before 09 October 2019

[View Application Form](#)

[View Notice of Application](#)

[Print Acknowledgement Page](#)

[Back to Homepage](#)

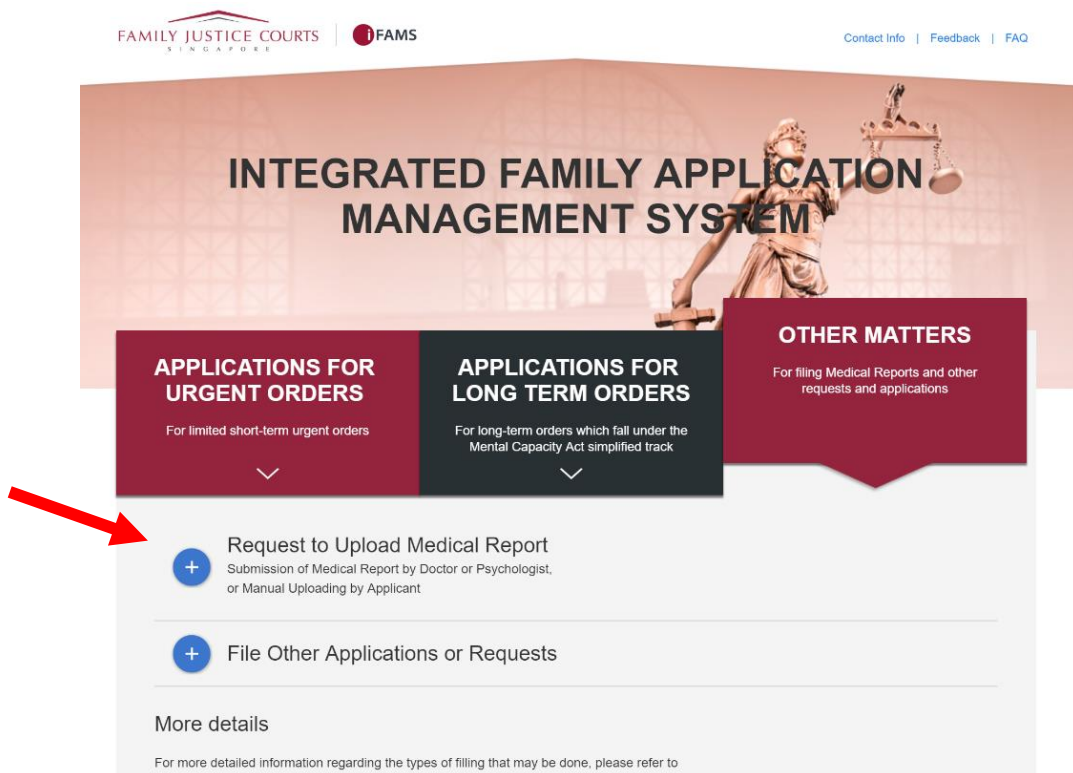
- f. Once you have reached this point, your Application of Long-Term Order has been submitted.

Other steps to take note:

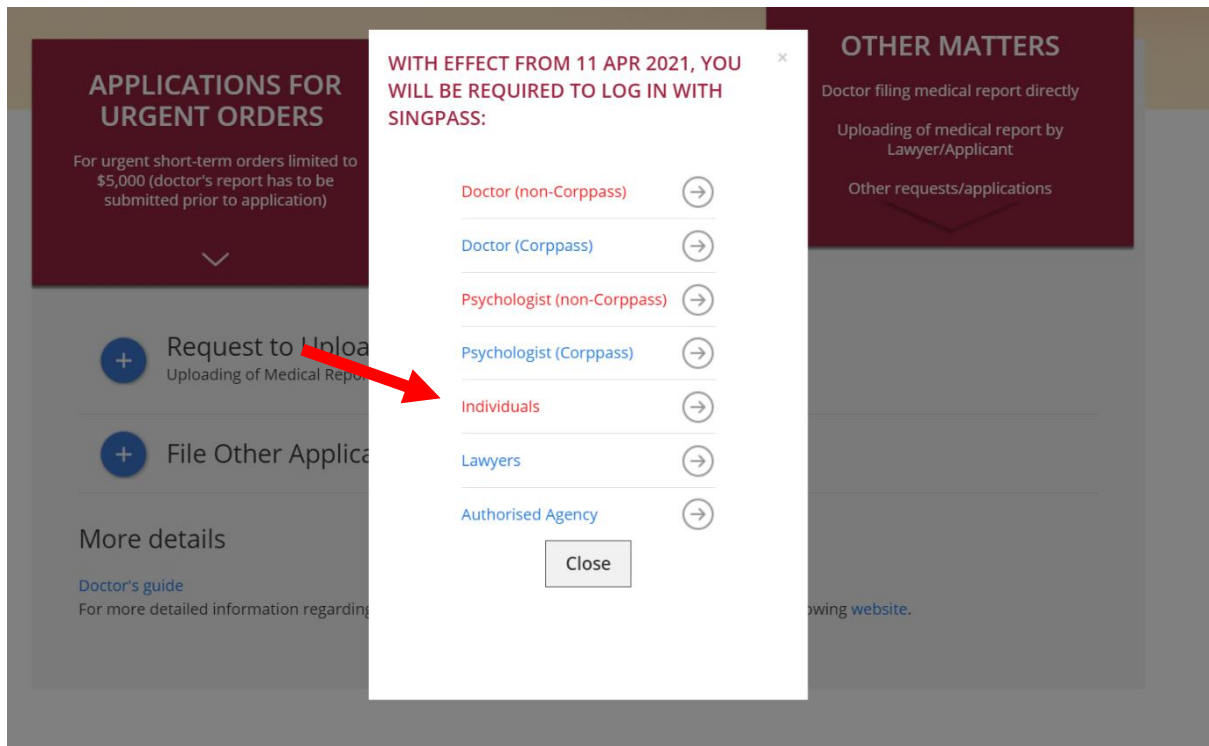
1. Submission of Doctor’s Medical report – Hardcopy

Applicants who have a hardcopy of doctor’s medical report can upload a copy via iFAMS following the steps below:

- a. Click on “Request to Upload Medical Report”.



- b. Click on “Login for Individuals”



- c. Upload the doctor’s medical report and ensure that the document is 100% uploaded before submitting.
- d. You will be notified via email once the medical report is accepted and proceed to file the application.

2. When there are 2 applicants:

When an MCA Application is filed by 2 Applicants, both applicants (1st and 2nd) are required to perform declaration for the application.

The 1st Applicant could have done the declaration during the filing of the MCA application since declaration clauses are included within the application and confirmed by the Applicant before submission.

Hence there is no need to perform declaration for the Application unless the filing was made through an Authorized Agency or Counsel or there is a 2nd Applicant involved.

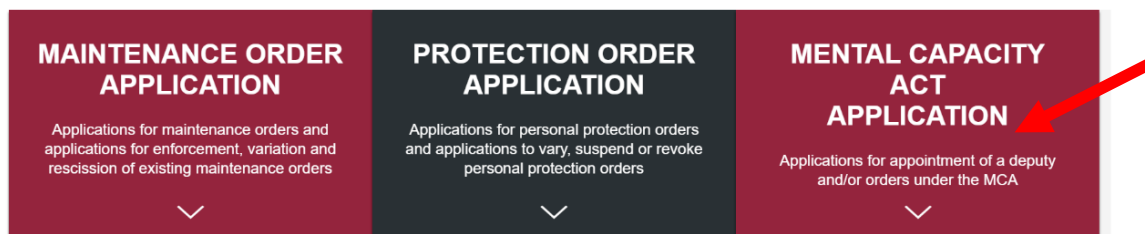
However, if Submission of Declaration still have to be done manually by the 2nd Applicant, please follow the next few steps:

- a. Click on “Mental Capacity Act Application”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application



- b. Click on “Other Matters”. Next, “Submission of Declaration by Applicant”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application

APPLICATIONS FOR URGENT ORDER
For limited short-term urgent orders

APPLICATIONS FOR LONG TERM ORDER
For long-term orders which fall under the Mental Capacity Act simplified track

OTHER MATTERS
For filing of Medical Reports and other requests and applications

- > Request to Upload Medical Report
- > Submission of Declaration by Applicant
- > Submission of Consent by Relevant Persons
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > Submission of Payment for Application
- > File Supplementary Affidavit
- > Other Applications and Requests

- c. Key in a valid application number manually. Once done, click “Proceed”.

Declaration for MCA application

APPLICANT'S INFORMATION

ID No. [Redacted]

Name [Redacted]


APPLICATION NUMBER

Application Number: MCA-APP [Redacted] [Redacted]

< Cancel & Exit **Proceed**

- d. You will be directed to MCA Declaration Page for Applicant to preview the application.

e. Tick the checkboxes to confirm and submit the declaration.



Declaration for MCA application

APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
Application Date	16/07/2019
1st Applicant Details	[REDACTED]
2nd Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	Preview Application Form

DECLARATION

I, [REDACTED] confirm the following:


- 1. Consents and past applications concerning P**
 - I have informed P's immediate family members of this application and I have obtained their consent to this application ("P's immediate family members" refers to P's parents, children, spouse and brothers and sisters).
 - P has not registered a Lasting Power of Attorneys.
 - There has not been any / have been one or more past application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act.
- 2. Duties and Responsibilities**
 - I understand my responsibilities if I am appointed as Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duty as P's deputy, and I will not use my position for any personal benefit.
 - I will have regard to the guidance in the Mental Capacity Act [Code of Practice](#) and act in accordance with the principles set out in [Section 3](#) of the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.
 - I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.
- 3. Eligibility issues**
 - To the best of my knowledge and belief, I have not been the subject of any formal complaint to the Office of the Public Guardian.
 - I have not been suspended or removed in respect of any appointment as Donee or Deputy for anyone.
 - I am not an undischarged bankrupt.

I, [REDACTED] confirm and declare that:

- the information in this application form is true and correct to the best of my knowledge, information and belief;
- the scanned copies of the documents submitted herewith are true copies of the originals;
- I understand that I commit an offence under section 199 of the Penal Code (Cap 224) if I make, in this application form or any supporting document, any statement which is false, and which I know or believe to be false or do not believe to be true, touching any point material to the object for which this application or supporting document is made or used.

[< Cancel & Exit](#) [Previous](#) [Submit](#)

f. Before submitting, click on “Preview Application Form”.



Declaration for MCA application

APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
Application Date	[REDACTED]
1st Applicant Details	[REDACTED]
2nd Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	<div style="border: 2px solid red; padding: 5px; display: inline-block;">Preview Application Form</div>

- g. You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.
- h. Once verifying that no changes are to be made, click “Submit”.
- i. You will be directed to “Acknowledgement Page”.

Declaration Acknowledgement

Your declaration / confirmation has been **submitted successfully** to the Family Justice Courts on 16/07/2019, 04:23 PM for MCA-APP [redacted]

All required declaration / consent has been submitted. Please note that the application will only be processed after payment is made.

You may proceed to payment for the application by clicking on the **Proceed to Payment** button.

[Proceed to Payment](#) [Print Acknowledgement Page](#) [Back to Homepage](#)

Once you have reached this point, your Declaration by Applicant has been submitted.

You may either proceed for payment or print the acknowledge page.

3. Submission of Consent of Relevant Person online

- a. Click on “Mental Capacity Act Application”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application

MAINTENANCE ORDER APPLICATION Applications for maintenance orders and applications for enforcement, variation and rescission of existing maintenance orders	PROTECTION ORDER APPLICATION Applications for personal protection orders and applications to vary, suspend or revoke personal protection orders	MENTAL CAPACITY ACT APPLICATION Applications for appointment of a deputy and/or orders under the MCA
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- b. Click on “Other Matters”. Next, “Submission of Consent by Relevant Persons”.

Applications and Requests




Filing applications, requests and documents for your case

File a new application

APPLICATIONS FOR URGENT ORDER For limited short-term urgent orders	APPLICATIONS FOR LONG TERM ORDER For long-term orders which fall under the Mental Capacity Act simplified track	OTHER MATTERS For filing of Medical Reports and other requests and applications
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- > Request to Upload Medical Report
- > Submission of Declaration by Applicant
- > Submission of Consent by Relevant Persons
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > Submission of Payment for Application
- > File Supplementary Affidavit
- > Other Applications and Requests


c. Key in a valid application number manually. Once done, click “Proceed”.



Consent By Relevant Person

RELEVANT PERSON'S INFORMATION


ID No. 

Name 

APPLICATION NUMBER

Application Number: MCA-APP  

[< Cancel & Exit](#)



You will be directed to Consent by Relevant Person Page for Applicant to preview the application.

Consent By Relevant Person

APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
1st Applicant Details	[REDACTED]
2st Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	View Application Form

DECLARATION

I, [REDACTED] confirm and declare that:

1. I have read the Application Form and I consent to this application by the Applicant(s).
2. This consent overrides any past objection filed by me in respect of this application.

[< Cancel & Exit](#)

[Previous](#)

[Submit](#)

d. Click on “View Application Form” to preview the previously filed application.

Consent By Relevant Person

APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
1st Applicant Details	[REDACTED]
2st Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	View Application Form

You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.

e. Next, tick the checkboxes to confirm and submit the declaration.

DECLARATION

I, [REDACTED] confirm and declare that:

1. I have read the Application Form and I consent to this application by the Applicant(s).
2. This consent overrides any past objection filed by me in respect of this application.

[< Cancel & Exit](#)

Previous

Submit

f. Once verifying that no changes are to be made, click “Submit”.

Previous

Submit

You will be directed to “Acknowledgement Page”.

Acknowledgement

[REDACTED]

Your consent has been submitted successfully to the Family Justice Courts on 16/07/2019 , 05:09 PM for MCA-APP [REDACTED]

The Applicant will be notified of your submission.

Print Acknowledgement Page

Back to Homepage

Once you have reached this point, your Consent by Relevant Person has been submitted.

4. Payment for application

Once all consent and declaration all applicant(s) has been submitted, Applicant(s) will receive an Email and SMS notification to make payment.

- a. Click on “Mental Capacity Act Application”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application

The screenshot shows three buttons for filing a new application:

- MAINTENANCE ORDER APPLICATION**: Applications for maintenance orders and applications for enforcement, variation and rescission of existing maintenance orders.
- PROTECTION ORDER APPLICATION**: Applications for personal protection orders and applications to vary, suspend or revoke personal protection orders.
- MENTAL CAPACITY ACT APPLICATION**: Applications for appointment of a deputy and/or orders under the MCA. A red arrow points to this button.

- b. Click on “Other Matters”. Next, “Submission of Payment for Application”.

Applications and Requests

Filing applications, requests and documents for your case

File a new application

The screenshot shows three buttons for filing a new application:

- APPLICATIONS FOR URGENT ORDER**: For limited short-term urgent orders.
- APPLICATIONS FOR LONG TERM ORDER**: For long-term orders which fall under the Mental Capacity Act simplified track.
- OTHER MATTERS**: For filing of Medical Reports and other requests and applications. A red arrow points to this button.

Below the buttons is a list of sub-options:

- > Request to Upload Medical Report
- > Submission of Declaration by Applicant
- > Submission of Consent by Relevant Persons
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > **Submission of Payment for Application** (highlighted with a red box)
- > File Supplementary Affidavit
- > Other Applications and Requests

- c. Choose either “MCA-APP” or “APP” for the Application Number. Key in a valid application number manually. Once done, click “Proceed”.

Payment for MCA application

APPLICANT'S INFORMATION

ID No. [REDACTED]

Name [REDACTED]

APPLICATION NUMBER

Application Number: Please select ▼ 800001 2019

Please select
MCA-APP
APP

[Proceed](#)

[< Cancel & Exit](#)

This page displays the payment summary for the MCA Application. Where an Application involves the submission of Declaration of Service or Submission of Affidavit by the Counsel, the corresponding fees will be displayed and totalled up for the user to pay.

Payment Summary

PAYMENT DETAILS

S/N	Application Type	Application No.	Amount Payable
1	Application for Long Term Order	MCA-APP [REDACTED]	\$40.00
Total			\$40.00

Pay by Credit Card
Pay by Direct Debit

- d. Click to proceed to payment by credit or debit respectively.

Pay by Credit Card

Pay by Direct Debit

After completion of payment, user will be directed to Payment Acknowledgement page.

Payment Acknowledgement



Your application has been **submitted successfully** to the Family Justice Courts on 16/07/2019 at 04:55 PM.

The application number is **MCA-APP** [REDACTED]

The Family Justice Courts will process your application and you will be notified of the outcome in due course.

[View Submitted Application Form](#)

[Print Acknowledgement Page](#)

[Back to Homepage](#)

Once you have reached this point, your payment has been submitted.

5. Applying for Certified True Copy of iFAMS MCA order

- a. Applicant selects “File Request for Copy of Documents” from Homepage under Other Applications and Requests.

Administrative Applications and Requests

Your last login was on Wednesday, 24 July 2019 at 09:50:11 AM (SGT)

Case-related matters

- > File Notice Of Intention To Act In Person ⓘ
- > **File request for copy of documents ⓘ**
- > File request to change Court appointment date / time
- > Request to withdraw application ⓘ
- > File Application to Restore Case

Payment-related matters

- > Payment of money into Court
- > Payment of money out of Court

Find your hearing date

Find the venue, date and time of your case.

NRIC | ▾ S1234567A

Case Number

MCA | ▾ 123456 2019

Get Information

- b. Please enter a valid case number and proceed.

File Application

APPLICANT'S INFORMATION

ID No. S8697569F

Name LIM

APPLICATION INFORMATION

Application Type* File request for copy of documents

Case No.* Please select | ▾ 123456 2019

< [Cancel and Exit](#)

Proceed

- c. Applicant first selects Reasons for Application and then click “Add Records to Request” and save.

RECORDS REQUESTED

S/N	Record Type	Details	Certified True Copy	Action
No records found.				

Add Records to Request

Reason for Application *

Misplaced original copy of c

Please select

Misplaced original copy of document(s)

To seek legal advice or representation

For reference

Others

CONTACT INFORMATION

Email Address

- d. Proceed to fill up the contact details and submits the application after verifying all the details at Summary Page.

After submission of application, the acknowledgement page with the corresponding application number and application type will be shown.

File request for copy of documents

Your application has been submitted successfully to the Family Justice Courts on 24/07/2019 at 11:35 AM. The Family Justice Courts will proceed with processing your application and you will be notified of the outcome in due course. Reference No.: **APP 329/2019**
Application Type : **File request for copy of documents**

[Print Acknowledgement Page](#)

[View Application](#)

[Main Page](#)

End