

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Explanatory Notes:

Variation means to change some parts of the court order(s). For instance, to reduce monthly maintenance from \$1000 to \$800 per month.

Suspension means to postpone the payment of some maintenance as required in the court order(s) to a later date. However, the amounts not paid will be accumulated and payable

Rescission means to stop the payment of the maintenance required in the court order(s). This means that the court order(s) is/are no longer effective.

MSS of

COMPLAINANT'S STATEMENT

(Apply to a maintenance order)

PART A: PERSONAL PARTICULARS

Full Name:	
NRIC / Passport No:	
Email address:	(please note that this is the email address which will be used to: (i) receive subsequent court notifications, and (ii) as the address for the respondent to send relevant documents in these proceedings)
Highest educational qualification(s):	
Medical conditions/incapacity, where applicable?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please state the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood: (please also provide a report prepared by a registered medical practitioner which complies with Rule 87A of the Family Justice Rules. Such by a registered medical practitioners must state, (a) the nature of the disability or illness causing you to be incapacitated, (b) the date you began to suffer such disability or illness, (c) the extent you are incapacitated from earning a livelihood, and (d) the period to time you are or have been incapacitated from earning a livelihood)

PART B: PARTICULARS OF MARRIAGE AND/OR CHILDREN

<p>If you are married to the Respondent, is the Marriage a Muslim Marriage?</p>	<p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p> <p>(A Muslim marriage is where both parties were Muslims at the time or marriage, and the marriage as solemnised in accordance with Muslim Law)</p>												
<p>Are there currently any divorce proceedings in the Family Court or Syariah Court?</p>	<p><input type="checkbox"/> Yes. If Yes, please provide:</p> <p style="padding-left: 40px;">(i) Case No:</p> <p style="padding-left: 40px;">(ii) Court:</p> <p style="padding-left: 40px;">(iii) Date of application:</p> <p><input type="checkbox"/> No.</p>												
<p>Has there been an order dissolving the marriage?</p>	<p><input type="checkbox"/> Yes. _____ was granted on _____</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Not applicable</p> <p>(please provide the relevant court order(s) where applicable)</p>												
<p>Are there any children to the marriage?</p>	<p><input type="checkbox"/> Yes. If Yes, please provide:</p> <p style="padding-left: 40px;">(i) No. of children:</p> <p style="padding-left: 40px;">(ii) Name / Age of children:</p> <table border="1" data-bbox="737 1234 1385 1462"> <thead> <tr> <th style="text-align: center;">Name</th> <th style="text-align: center;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>*If there is additional information which require more rows, please include such additional information in Part (E).</p> <p><input type="checkbox"/> No.</p>	Name	Age										
Name	Age												

<p><u>Confirmation of submission of supporting documents</u></p> <p>I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as “Complainant’s Part B Documents”</p>	<p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Court Order(s) dissolving the Marriage</p> <p><input type="checkbox"/> Birth Certificates of Children</p> <p><input type="checkbox"/> Documents relating to my medical disability/incapacity (where applicable)</p>
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PART C1: GENERAL DETAILS OF APPLICATION

Please state the details of the Court order you wish to make changes to, and state the change you wish to make

Court Order No. Date of Court Order (e.g. MO 123 of 2022, 2 Jan 2022)	Paragraph of the Court Order	What was originally stated in the Court Order (e.g. Pay \$1000 per month)	The change you want (e.g. reduce to \$800)

Please indicate the main reason(s) for your application here (if different reasons apply to a variation / suspension / rescission of different provisions, please state them clearly.

Please take note of the legal requirements for a variation.*

To provide additional reasons, if any, at section E below.

Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "*Complainant's Part C Documents*"

- Relevant Court Order
- Proof showing a material change in circumstances/other good cause

PART D1: MY FINANCIAL POSITION – INCOME

<p>Occupation:</p> <p>*If there has been a change in employment or employment status since the time of the relevant Court Order, please state:</p> <p>(1) Your employment at the time of the Court order;</p> <p>(2) Your current employment; and</p> <p>(3) If you are currently unemployed, the length of time you have been unemployed.</p>	<p><u>When the Court order was made</u></p>	<p><u>Now</u></p>												
<p>(please provide proof of your employment (e.g., employment contract, formal letter from your HR department confirming your employment, etc))</p>														
<p>Working Full Time / Part Time:</p>	<p><u>When the Court Order was made</u></p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Full Time</p>	<p><u>Now</u></p> <p><input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Full Time</p>												
<p>Monthly Income</p>	<p><u>When the Court Order was made</u></p>	<p><u>Now</u></p>												
<p>(please provide the following: (i) payslips for the latest 3- 6 months, and (ii) CPF statements for the past 6 months)</p>														
<p>Annual Income</p>	<p><u>When the Court Order was made</u></p>	<p><u>Now</u></p>												
<p>(please provide your IRAS Notice of Assessment for the past 3 years)</p>														
<p>*Other sources of income</p> <p>(e.g. investment, shares, bonds, rental, commissions, interest)</p>	<p><input type="checkbox"/> I do not have other sources of income.</p> <p><input type="checkbox"/> I have other sources of income. These are:</p>													
<table border="1"> <thead> <tr> <th data-bbox="528 1816 624 1888">S/N</th> <th data-bbox="624 1816 1139 1888">Type of Income</th> <th data-bbox="1139 1816 1385 1888">Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="528 1888 624 1937">1.</td> <td data-bbox="624 1888 1139 1937"></td> <td data-bbox="1139 1888 1385 1937"></td> </tr> <tr> <td data-bbox="528 1937 624 1986">2.</td> <td data-bbox="624 1937 1139 1986"></td> <td data-bbox="1139 1937 1385 1986"></td> </tr> <tr> <td data-bbox="528 1986 624 2029">3.</td> <td data-bbox="624 1986 1139 2029"></td> <td data-bbox="1139 1986 1385 2029"></td> </tr> </tbody> </table>			S/N	Type of Income	Monthly Amount (S\$)	1.			2.			3.		
S/N	Type of Income	Monthly Amount (S\$)												
1.														
2.														
3.														

	4.		
	5.		
	Total		
<p>*If there is additional information which require more rows, please include such additional information in Part (E) (please provide all relevant supporting documents to show such other income)</p>			
Are you on any social welfare or financial assistance scheme?	<input type="checkbox"/> Yes. If Yes, please provide details on:		
	S/N	Type of Welfare / Financial Assistance	Monthly Amount (S\$)
	1.		
	2.		
	3.		
	4.		
	5.		
Total			
<p>*If there is additional information which require more rows, please include such additional information in Part (E). (please provide all relevant supporting documents to show proof of the above)</p>			
<input type="checkbox"/> No.			

<p><u>Confirmation of submission of supporting documents</u></p> <p>I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as “<i>Complainant’s Part D1 Documents</i>”</p>	<input type="checkbox"/> Proof of Employment (ie. employment contract, and etc) <input type="checkbox"/> Proof of termination/ retrenchment/ cessation from employment (if applicable) <input type="checkbox"/> Payslips for the past 6 months <input type="checkbox"/> CPF Statements for the past 6 months <input type="checkbox"/> IRAS Notice of Assessment for the past 3 years <input type="checkbox"/> Documents showing proof of other sources of income <input type="checkbox"/> Documents proving social welfare or financial assistance
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PART D2: MY FINANCIAL POSITION – ASSETS

I have the following assets currently:

- Please tick the appropriate checkboxes
- Please also indicate assets **jointly owned with others.**
- Please also indicate assets **located in Singapore and overseas.**

PROPERTY

I own the following property(ies) currently:

S/N	Type of Property	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	<input type="checkbox"/> HDB Flat. No. of rooms: <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed House <input type="checkbox"/> Others: _____	
2.	<input type="checkbox"/> HDB Flat. No. of rooms: <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed House <input type="checkbox"/> Others: _____	

*If there is additional information which require more rows, please include such additional information in Part (E).

When the Court order was made, did you have the same property(ies) as declared above?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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SECURITIES (e.g., shares, bonds)

I own the following securities:

S/N	Type Securities	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.		
2.		
3.		
4.		
5.		

*If there is additional information which require more rows, please include such additional information in Part (E).

When the Court order was made, was the total value of the securities similar to what you have declared above?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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BANK ACCOUNTS

I own the following bank account(s):

S/N	Type of Bank Account	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	Bank: Type: Account No:	
2.	Bank: Type: Account No:	

S/N	Type of Bank Account	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
3.	Bank: Type: Account No:	
4.	Bank: Type: Account No:	

*If there is additional information which require more rows, please include such additional information in Part (E).

** Please ensure you provide the bank statements for the above accounts **for the past 6 months.**

When the Court order was made, was the total value of the amount in your bank accounts similar to what you have declared above?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
		Please state the changes:-

VEHICLE

I own the following vehicle(s):

S/N	Type of Vehicle	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	Type: Year of purchase: Brand/Model: Registration Number:	
2.	Type: Year of purchase:	

S/N	Type of Vehicle	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
	Brand/Model: Registration Number:	

*If there is additional information which require more rows, please include such additional information in Part E.

When the Court order was made, did you have other vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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OTHER ASSETS

I own the following asset(s):

S/N	Type of Asset <i>(including any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs))</i>	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.		
2.		
3.		
4.		
5.		

*If there is additional information which require more rows, please include such additional information in Part E.

When the Court order was made, was the total value of the other types of assets similar to what you have declared above?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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<u>Confirmation of submission of supporting documents</u> I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as “ <i>Complainant’s Part D2 Documents</i> ”	<input type="checkbox"/> Documents showing value of property(s) <input type="checkbox"/> Documents showing value of security(s) <input type="checkbox"/> Bank(s) statements for the past 6 months <input type="checkbox"/> Documents showing value of vehicle(s) <input type="checkbox"/> Documents showing value of other asset(s)
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PART D3: MY FINANCIAL POSITION – DEBTS AND LIABILITIES

I have the following liabilities:

Please list all your liabilities, e.g. credit card debts, mortgage, personal loans, guarantees, hire purchase, etc. and provide supporting documents			
Liabilities / Debts	Amount	Details – *To highlight any change(s) from time of Order issued to present time. (e.g. monthly repayment amount, when liability ends)	Document(s) I am providing

*If there is additional information which require more rows, please include such additional information in Part (E).

<u>Confirmation of submission of supporting documents</u> I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as “ <i>Complainant’s Part D3 Documents</i> ”	<input type="checkbox"/> Documents and receipts to prove debt(s) and/or liability(ies)
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PART D4: MY FINANCIAL POSITION – EXPENSES

<u>PERSONAL EXPENSES</u>		<u>Present Amount</u>	<u>Previous Amount at</u>
Type of Expense		per month (S\$)	the time the original
		(Please put a dash (“-”) for items which are not applicable)	order was made
			per month (if applicable)
			(Please put a dash (“-”) for items which are not applicable)
<i>Housing Expenses</i>			
Mortgage Loan	Cash		
	CPF		
Rent (if applicable)			
Utilities (Electricity / Water / Gas)			
Conservancy Charges			
Cable TV / TV Streaming Services			
Internet			
Home telephone line			
Domestic Helper	Salary		
	Levy		
	Medical		
	Others		
Others (please specify)			
<i>Food / Groceries</i>			
Food			
Groceries			
Dining Out			
<i>Public Transport</i>			
Taxi / Private Hire			
Bus / MRT			
Concession Passes			

<u>PERSONAL EXPENSES</u>		<u>Present Amount</u>	<u>Previous Amount at</u>
Type of Expense		per month (S\$)	the time the original
		(Please put a dash ("-") for items which are not applicable)	order was made
			per month (if
			applicable)
			(Please put a dash ("-") for items which are not applicable)
<i>Private Transport</i>			
Vehicle Loan (or Hire Purchase)			
Rental (if you do not own a vehicle, but are renting one instead)			
Fuel			
Road Tax			
Motor Insurance			
ERP			
Others			
<i>Medical / Dental / Insurance</i>			
Medical			
Dental			
Personal Insurance(s)			
<i>Personal Expenses</i>			
Clothing			
Shoes			
Personal Grooming			
Toiletries			
Supplements			
Mobile phone	Post-paid		
	Pre-paid		
	Calling Cards		
Computer / IT Gadgets / Other Equipment			
Allowance for parents			
	Entertainment (Movies, etc)		

<u>PERSONAL EXPENSES</u>		<u>Present Amount</u>	<u>Previous Amount at</u>
Type of Expense		per month (S\$)	<u>the time the original</u>
		(Please put a dash ("-") for items which are not applicable)	<u>order was made</u>
			per month (if
			applicable)
			(Please put a dash ("-") for items which are not applicable)
Recreation	Hobbies		
	Sports		
	Outings		
	Travel		
Cigarettes / Alcohol			

*If there is additional information which require more rows, please include such additional information in Part (E).

Others	

*If there is additional information which require more rows, please include such additional information in Part (E).

CHILD(REN) EXPENSES (IF APPLICABLE)

Type of Expense	<u>Present Amount</u>	<u>Previous Amount at</u>
	per month (S\$)	<u>the time the original</u>
	(Please put a dash ("-") for items which are not applicable)	<u>order was made</u>
		per month (if
		applicable)
		(Please put a dash ("-") for items which are not applicable)
<i>Food / Groceries</i>		
Food		
Groceries		
Dining Out		
<i>Transport</i>		

Type of Expense	<u>Present Amount</u> per month (S\$) (Please put a dash ("-") for items which are not applicable)	<u>Previous Amount at the time the original order was made</u> per month (if applicable) (Please put a dash ("-") for items which are not applicable)
Taxi / Private Hire		
Bus / MRT		
Concession Passes		
Medical / Dental / Insurance		
Medical		
Dental		
Personal Insurance		
<i>School-related expenses</i>		
School Fees		
Pocket Money		
School Bus		
Enrichment / Tuition		
Stationery		
Assessment Books		
School Books / Assessment Books		
School Uniform		
<i>Childcare expenses</i>		
Childcare fees		
<i>Personal Expenses</i>		
Clothing / Diapers		
Personal Grooming		
Toiletries		
Mobile phone	Post-paid	
	Pre-paid	
	Calling Cards	
Computer / IT Gadgets / Other Equipment		

Type of Expense		<u>Present Amount</u> per month (S\$) (Please put a dash ("-") for items which are not applicable)	<u>Previous Amount at</u> the time the original order was made per month (if applicable) (Please put a dash ("-") for items which are not applicable)
Recreation	Entertainment (Movies, etc)		
	Hobbies		
	Sports		
	Outings		
	Travel		
Others			

*If there is additional information which require more rows, please include such additional information in Part (E).

<u>Confirmation of submission of supporting documents</u>	<input type="checkbox"/> Documents and receipts showing proof of personal expenses, income.
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PART E: OTHER FURTHER INFORMATION TO INFORM THE COURT

<p>Please set out any other relevant information to your application which you wish to inform the Court (e.g., other medical conditions, other dependents, Bankruptcy order, etc)</p> <p>(Please also include any supporting documents to such information)</p>	
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Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part E Documents"

- Bankruptcy Order(s)
- All supporting documents for the information stated in this Part.

DECLARATION

I, _____, confirm and declare that:

- (a) The matters stated in this Statement are true and correct;
- (b) I understand that I am committing an offence under section 199 of the Penal Code 1871, if I make 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 the statement is made or used; and
- (c) The documents which I wish to rely on at the trial for this matter are filed together with this Statement. I understand that if there are documents which I want to rely on which are not filed with this Statement, I may not be able to rely on them later at trial.

Signature (Click on Fill & Sign if you wish to do a digital signature)

Name:

Date:

***Important statutory provisions**

Section 72 of the Women's Charter 1961

72.—(1) On the application of any person receiving or ordered to pay a monthly allowance under this Part and on proof of a change in the circumstances of that person, or that person's wife, incapacitated husband or child, or for other good cause being shown to the satisfaction of the court, the court by which the order was made may rescind the order or may vary it as it thinks fit.

(2) Without affecting the extent of the discretion conferred upon the court by subsection (1), the court may, in considering any application made under this section, take into consideration any change in the general cost of living which may have occurred between the date of the making of the order sought to be varied and the date of the hearing of the application.

Section 118 of the Women's Charter 1961

118. The court may at any time vary or rescind any subsisting order for maintenance, whether secured or unsecured, on the application of the person in whose favour or of the person against whom the order was made, or, in respect of secured maintenance, of the legal personal representatives of the latter, where it is satisfied that the order was based on any misrepresentation or mistake of fact or where there has been any material change in the circumstances.