

# Family Justice Courts Practice Directions 2024

## Appendix A – Volume 1

1.

|        |
|--------|
| E-FORM |
|--------|

P.1, r.7,  
P.19, r.19, 21, 27, 28  
FJ(G)R 2024

### Originating Application / Summons / Application for Extension of Time / Renewal of Originating Application

| You are applying for the Court’s permission to do either of the following: | Applicable if you are using this platform: | What document do you file?  |
|--|--|-----------------------------|
| A. Extend the validity of the Originating Application (“OA”)               | eLitigation ONLY                           | Summons                     |
| B. Extend the time to file / file and serve / serve the                    |  |                             |
| (i) Notice of Appeal against a Court Order                                 | eLitigation<br>iFAMS                       | Refer to paragraph 1 below. |
| (ii) Appellant’s Written Submissions                                       | eLitigation ONLY                           |                             |
| (iii) Appellant’s Case   | eLitigation ONLY                           |                             |
| (iv) Record of Appeal  | eLitigation ONLY                           |                             |
| (v) Other documents not listed above                                       | eLitigation<br>iFAMS                       |                             |
| C. Extend Court-given or Family Justice (General) Rules 2024 timelines     |  |                             |
|  | eLitigation                                | Summons                     |
|  | iFAMS                                      | Application                 |

1. File this Form as an Originating Application to the High Court Family Division in eLitigation in the following situation (all 3 conditions must be satisfied):

- (a) You are seeking an extension of time in relation to any of these documents:
- (i) Notice of Appeal;
  - (ii) Appellant’s Case or Appellant’s submissions; OR
  - (iii) Record of Appeal;

**and**

- (b) The appeal is against a Family Court order to the High Court Family Division;

**and**

(c) The deadline to appeal has expired.

**If all the conditions are not satisfied, please file either a Summons or an Application. Refer to paragraph 2 below which explains the difference.**

2. Summons vs Application

If your main case is filed in eLitigation, you will select **Summons** when using this Form. If your main case is filed in iFAMS, you will select **Application** when using this Form. Please select the applicable references when using this Form.

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This Form, when submitted to the Court as an Originating Application, will be generated in accordance with the layout of the generated Originating Application (Form 53). If this Form is submitted to the Court as a Summons, it will be generated in accordance with the layout of the generated Summons (Form 67).

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application (“OA”).

**IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 (“FJ(G)R 2024”), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- a. explore alternative ways of settling the dispute without resorting to legal action; or
- b. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

## Section 1: Application

If you are filing this form in iFAMS, only the parts in blue boxes are applicable to you.

State the main case number: Enter case number here.

1. I am

- the Applicant
- the Appellant
- the Respondent
- the co-Respondent
- Enter name or party type here.

2a. This *Select the applicable option* is filed against

- the Applicant
- the Respondent
- Enter name or party type here.

2b.  There is no Respondent in this *Select the applicable option.*

### *Notes*

*This is your party type in the main case. You may refer to the main case for your party type.*

*Applicable options are: Originating Application / Summons / Application.*

*If the application does not involve another party, you should select option 2b. You can only select option 2b if the Family Justice (General) Rules 2024 allow you to file an application (without notice) for this subject matter.*

## PART A

1. I am applying to extend:

the validity of Originating Application no. Enter the FC/OA or HCF/OA number here. *Proceed to question 2.*

the time to:

- Select the applicable option
- the Notice of Appeal against the Court order dated: Enter date here.

The Court order was granted in Enter the FC/OA or HCF/OA number here.

*Applicable options are: File / File and serve / Serve.*

- Select the applicable option
- the Appellant's Written Submissions in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.
- the Appellant's Case in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.
- the Record of Appeal in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.

- Select the applicable option
- State the document here.

- Others:
 

Enter details here.

2. I will require an extension of Enter number here Select applicable option.

*Applicable options are: day(s) / week(s) / month(s).*

The extension is to start from:

- the date of this Order.
- the last day of the deadline dated: Enter date here. The extension will end on: Enter date here.

3. Please state other relief sought here.

## PART B

4. Costs of this application

- Costs in the cause.
- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by Enter name or party type here.
- Costs to be reserved to Enter event here.
- Others:

*Costs in the cause means the costs of this application will be decided at and will depend on the outcome of the main proceedings. This option is applicable only if you are filing a summons.*

*If you opt to reserve costs, please state the event at which costs is to be decided*

Enter details here.

*e.g. reserved to the final hearing.*

**The reasons for this Originating Application / summons / application are stated in the supporting affidavit.**

## Affidavit

### Section 1: Affidavit

Please complete all details and questions in Sections 1 to 5 unless otherwise stated.

**If you are filing this form in IFAMS, only the parts in blue boxes are applicable to you.**

|                |  | <i>Notes</i>  |
|----------------|--|---|
| Name of maker: | Enter full name as per NRIC/Passport here.   |   |
| Identity No.:  | Enter NRIC/ FIN/ Passport no. here.  |   |
| Address:       | Enter address here.  |   |
| Occupation:    | Enter occupation here.   |   |
| 1a. I am       | <input type="checkbox"/> the Applicant<br><input type="checkbox"/> the Appellant<br><input type="checkbox"/> the Respondent<br><input type="checkbox"/> the Co-Respondent<br><input type="checkbox"/> Enter name or party type here. | <i>You may use Non-party if none of the other options apply.</i>                |
| 1b.            | This affidavit is in support of the <u>Select the applicable option</u> .  | <i>Applicable options are: Originating Application / Summons / Application.</i> |
| 1c.            | Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.                               |   |
| 2.             | I am applying to extend  |   |

the validity of Originating Application no. Enter the FC/OA or HCF/OA number here.

the time to:

- Select the applicable option
- the Notice of Appeal against the Court order dated: Enter date here.

*Applicable options are: File / File and Serve / Serve.*

The Court order was granted in Enter the FC/OA or HCF/OA number here.

- Select the applicable option
- the Appellant's Written Submissions in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.

the Appellant's Case in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.

the Record of Appeal in Enter the FC/[RA number] or HCF/[RAS/DCA] number here.

- Select the applicable option
- State the document here.

Others:

Enter details here.

I will require an extension of Enter number here Select applicable option.

*Applicable options are: Day(s) / Week(s) / Month(s).*

The extension is to start from

- the date of this Order.
- the last day of the deadline dated: Enter date here. The extension will end on: Enter date here.

Others:

Enter details here.

3. Please proceed to the applicable part in question 3:

Part A to extend validity of the Originating Application.

Part B to extend the deadline for Notice of Appeal or other appeal documents.

Part C to extend Court-given or Family Justice (General) Rules 2024 timelines for any other documents not listed.

Part D for “Others”.

### Part A: Validity of the Originating Application

3a. The Originating Application no. Enter the FC/OA or HCF/OA number here was issued on Enter date here.

3b. The validity of the Originating Application will expire on Enter date here (“deadline”).

3c. This application is filed before the validity period expires.

Yes. Proceed to Question 3d.       No.

*If the answer to question 3c is “No”, you will **not** be able to file this application. The Family Justice (General) Rules 2024 do not allow the Originating Application to be extended after it has expired. Please seek legal advice if necessary.*

3d. Select the applicable option between (i) and (ii).

(i)  This is my first application to extend the Originating Application’s validity.

(ii)  The Court extended the validity of the Originating Application previously on Enter date here. The total extension granted was a period of Enter no. of weeks/months.

*The Family Justice (General) Rules 2024 only allow the Originating Application to be extended once for 6 months or less. If the Originating Application was already extended, you must have special circumstances which will support your application.*

*Proceed to Question 5.*

### Part B: Extension of time for Notice of Appeal or other appeal documents

Please proceed to:

Questions 3a, 3b, 3f and 3g for Notice of Appeal.

Questions 3c to 3g for all other Appeal documents.

### Notice of Appeal

3a. The  Family Court  Family Division of the High Court issued a Court order on Enter date here.

3b. The time for **appeal** expires on Enter date here (“deadline”).

*Proceed to Questions 3f and 3g.*

*If this application is filed after the deadline has expired, you must file this as an Originating Application to the court which will hear your appeal.*

### Other Appeal documents

3c. I filed the Notice of Appeal on Enter date here.

3d. *Select the applicable option.*

The Court informed the parties that the Notes of Proceedings was ready for collection on Enter date here.

The hearing judge certified that he / she has issued the written judgment or grounds of decision. The date of certification is Enter date here.

There was no certification from the hearing judge. The last day on which the certification could be issued was on Enter date here.

3e. The time for filing the appeal document(s) expires on Enter date here (“deadline”).

3f. I set out the merits of my appeal.

Enter details here.

*Please use this text box to provide your reasons and/or elaborate further.*



3g. I set out the prejudice to the other party if the extension of time is granted.

Enter details here.

*Please use this text box to provide your reasons and/or elaborate further.*

*Proceed to Question 5.*

**Part C: Extension of time in Family Justice (General) Rules 2024 or Court directions**

3.  Pursuant to the
- Family Justice (General) Rules 2024 Enter rule number here.
  - Court directions given on Enter date here
  - Court order given on Enter date here

I am required to:

Enter details here.

*Please use this text box to provide your reasons and/or elaborate further.*

*Proceed to Question 5.*

**Part D: If “Others” is included as a relief**

4. Others:

*Please use this text box to provide your reasons and/or elaborate further.*

Enter details here.

*Proceed to Question 5.*

**Reasons for Non-Compliance / Delay**

5. I require the extension of time for the following reasons.

*Please use this text box to provide your reasons and/or elaborate further.*

Enter details here.

**Section 2: Summary of Claim**

6.  I am asking that the Court grants the Select the applicable option.

Others:

Enter details here.

Notes

*Applicable options are: Originating Application / Summons / Application.*

### **Section 3: Affirmation**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

### **Section 4: Exhibit Content Page**

Please refer to the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024 for the exhibit content and cover pages to be included in your affidavit (where applicable).

P.2, r.2, 5, 7, 8 FJ(G)R 2024  
Para 11, 12 PD 2024

## **Originating Application for Divorce / Judicial Separation / Presumption of Death and Divorce**

The table in the next page sets out the sections of this Form which you must complete.

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice or advice on Central Provident Fund Board (“CPF Board”) or Housing and Development Board (“HDB”) policies. Please seek legal advice or consult CPF Board / HDB if necessary.

This form, when submitted to the Court, will be generated in accordance with Form 3.

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application (“OA”).

### **IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 (“FJ(G)R 2024”), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- c. explore alternative ways of settling the dispute without resorting to legal action; or
- d. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

| Applicable Sections / Forms | Type of Application  |  |                                      |
|-----------------------------|--|--|--------------------------------------|
|                             | Divorce (D)<br>Judicial Separation (JS)<br>Divorce and Judicial Separation (A) | Cross-Application                              | Presumption of Death and Divorce (P) |
| Section A                   | A  | A  | P                                    |
| Section B                   | A  | If the OA is inaccurate                        | P                                    |
| Section 1                   | A  | If the OA is inaccurate                        | P                                    |
| Section 2                   | A  | If the OA is inaccurate                        | P                                    |
| Section 3 Part A            | A  | If the OA is inaccurate*                       | P                                    |
| Section 3 Parts B and C     | D  | D<br>(if this is NOT a <u>simplified</u> case) | -                                    |
| Section 4                   | A  | If the OA is inaccurate                        | P                                    |
| Section 5                   | A  | A  | -                                    |
| Section 6                   | -  | -  | P                                    |
| Section 7                   | A  | A  | P                                    |
| Section 8                   | A  | If the OA is inaccurate                        | P                                    |
| Section 9A                  | A<br>(if this is a <u>simplified</u> case)                                     | A<br>(if this is a <u>simplified</u> case)     | -                                    |
| Section 9B                  | A<br>(if this is a <u>simplified</u> case)                                     | A<br>(if this is a <u>simplified</u> case)     | -                                    |
| Section 9C                  | A<br>(if this is <u>not</u> a simplified case)                                 | A<br>(if this is <u>not</u> a simplified case) | P                                    |

|   |  |   |                            |
|---|--|---|----------------------------|
| Section 10  | A<br>(see documents below)   | A<br>(see documents below)  | P<br>(see documents below) |
| Copy of Marriage Certificate  | A  | -   | P                          |
| Translation of Marriage Certificate (if not in English)                                 | A  | -   | P                          |
| Deed poll to show change in the name (if applicable)                                    | A  | A   | P                          |
| Document to show change in identification number (if applicable)                        | A  | A   | P                          |
| Child(ren)'s Birth Certificates   | A  | -   | P                          |
| Translation of Birth Certificates (if not in English)                                   | A  | -   | P                          |
| <b>If there are minor children</b>  |  |   |                            |
| Annex A   | A  | If the OA is inaccurate   | P                          |
| Party(ies)' Parenting Programme Certificate of Attendance or Exemption Note             | Documents for both Applicant and Respondent (if this is a <u>simplified</u> D)<br><br>Documents for Applicant (if this is <u>not</u> a simplified D) | Documents for Applicant in Cross-Application (if this is <u>not</u> a simplified D) | -                          |
| <b>If there are ancillary matters</b>   |  |   |                            |
| Annex B   | A<br>(if there is a property in the asset pool)  | If the OA is inaccurate   | P                          |
| Bankruptcy search results from the Ministry of Law's Insolvency Office for both parties | A  | -   | P                          |
| <b>If there is a complete agreement on ancillary reliefs</b>                            |  |   |                            |
| Duly signed Draft Ancillary Reliefs Order (Form 8) with relevant supporting documents   | A  | -   | -                          |
| Affidavit of split care and control (Form 10) (if applicable)                           | A  | -   | -                          |

D: Divorce

A: Divorce and Judicial Separation

P: Presumption of Death and Divorce

\* : For a cross application to a simplified divorce, the Applicant cannot edit the answer to this question in the 1<sup>st</sup> OAD: “Is there a child below 21 years old who is: (a) born of this marriage or (b) accepted as a child of this marriage?”.

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## Section A: What are you filing?

I am applying for:

*Notes*

### Dissolution of marriage

Select only 1 option.

1. **Divorce**

You would like to end your marriage.

If you have been married for less than 3 years, you must have the Court's permission to commence Divorce proceedings.

**Originating Application for Divorce (Simplified)**

**Originating Application for Divorce**

**Cross-Application for Divorce**

(a) State the case number of the Originating Application: Enter case number here.

(b) State the date on which the Originating Application was served: Enter date here.

2. **Judicial Separation**

You do not wish to live together with your spouse but do not want or are unable to obtain a Divorce.

**Originating Application for Judicial Separation (Simplified)**

**Originating Application for Judicial Separation**

**Cross-Application for Judicial Separation**

(a) State the case number of the Originating Application: Enter case number here.

(b) State the date on which the Originating Application was served: Enter date here.

3.  **Presumption of Death and Divorce**

You have reasons to believe that your spouse is no longer living and would like the Court to grant a Divorce on this basis.

*Simplified application is used only if your spouse has signed the consent to the application.*

*If the Cross-Application ("XOA") is in response to a Simplified Originating Application, the XOA will take the same form as the Originating Application ("OA") i.e. if the OA is a simplified divorce, the XOA can only be filed as a simplified divorce (and not judicial separation, for example).*

*If you do not wish to file a XOA in this way, you should do the following:*

(a) *File a new OA (i.e. "2<sup>nd</sup> OA" involving the same parties) and not as a XOA to the 1<sup>st</sup> OA.*

(b) *Thereafter, inform the Court that the 2<sup>nd</sup> OA has been filed. You are required to inform the Court at least 5 working days before the FIRST hearing date of the 1<sup>st</sup> OA; failing which, the Court may proceed to hear the 1<sup>st</sup> OA without considering the 2<sup>nd</sup> OA. The notification to the Court should come as a correspondence that is electronically filed under "Other Hearing Related Request" in e-Litigation.*

The Court will also address the ancillary matters as part of your application.

Ancillary matters include:

- (a) division of matrimonial assets;
- (b) maintenance;
- (c) custody, care and control and access of your child(ren); and
- (d) costs.

Hence, you are not required to make a separate application for ancillary matters.

## Section B: The Parties

Please use **Section B** in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties' information.

## Section 1: Your Marriage Details

The question in blue box is applicable only if you are applying for **Divorce**.

1. **Date of solemnisation of marriage**

Enter date here.

2. **Country of solemnisation**

Enter country here.

3. **Marriage certificate number (if registered in Singapore)**

Enter marriage certificate number here.

### Notes

You must exhibit a copy of the marriage certificate in your application. If your marriage was before 16 September 1961 and not registered, provide details in question 5.

4. If you are applying for a Divorce or Simplified Divorce and the duration of your marriage is less than 3 years, state the case number in which permission was granted to commence divorce proceedings:

Enter case number here.

*If you (or your spouse) do not have the Court's permission, you must first obtain the Court's permission. You must file the Permission to Apply for Divorce within 3 years (Form 22).*

5. If your marriage took place in Singapore before 16 September 1961 and was not registered, provide details of your wedding ceremony:

Enter details here.

*To provide details of your wedding ceremony, you may*  
*(a) state the names of witnesses,*  
*(b) describe the wedding celebration,*  
*(c) describe any customary rites.*  
*You may also exhibit wedding photos.*

*Proceed to Section 2.*

## **Section 2: Jurisdiction**

The Family Justice Courts of Singapore has jurisdiction to grant my application because:

*Select only 1 option.*

### **Singapore Citizen(s)**

I am a  My spouse is a  My spouse and I are Singapore citizen(s).

### **Habitual Residence**

I am  My spouse is  My spouse and I are habitually resident in Singapore in the last 3 years before the application date as follows:

### Notes

*This section explains why this Court has the legal power to deal with your application.*

*If you are or your spouse is a Singapore Permanent Resident, select the option "habitual residence" and provide the requested details.*

| <b>My address</b>                     |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |

*Please seek legal advice if none of the options apply to you.*

| <b>My spouse's address</b>            |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |

**Others**

Other reasons:

Enter details here.

*If you do not satisfy the above criteria but believe that Singapore has jurisdiction based on domicile or habitual residence, explain why.*

*Proceed to Section 3.*

**Section 3: About the Child(ren)**

The questions in blue boxes are applicable only if you are applying for: (a) Originating Application for Divorce (simplified or non-simplified), or (b) Cross Application for Divorce (non-simplified).

**Part A**

Number of living child(ren): Enter no. of child(ren) here.

Notes

*You must attach the birth certificates for each child.*

(including those above the age of 21 years)

Do you have a child below 21 years old who is

- (a) born of this marriage; or
- (b) accepted as a child of this marriage?

- No.
- Yes. Complete Annex A for every child below 21 years old.

Select "Yes" as long as you have a child who is below 21 years old at the time of filing this application.

If you are applying for:

- (a) Judicial Separation
- (b) Presumption of Death and Divorce
- (c) Cross Application for Simplified Divorce (with or without complete agreement on ancillary matters)

Proceed to:

**Section 4**

For option (c), please ensure that all parenting programme requirements are addressed in the first Originating Application for Simplified Divorce.

- (d) Divorce

**Part B (below)**

**Part B**

Indicate if you have the following:

| <b>Documents</b>   |   |
|--|---|
| <input type="checkbox"/>   | <b>Parenting Programme Certificate of Attendance</b>  |
| <input type="checkbox"/>   | Note exempting me from the <b>Parenting Programme</b>   |
| <input type="checkbox"/>   | None of the above<br>If "None of the above" is selected, select either option 1 or 2 in <b>Part C</b> . |
| <b>For Simplified Divorce (with or without complete agreement on ancillary matters) only</b> |   |
| Indicate if your <b>SPOUSE</b> has the following:  |   |
| <input type="checkbox"/>   | <b>Parenting Programme Certificate of Attendance</b>  |
| <input type="checkbox"/>   | Note exempting my spouse from the <b>Parenting Programme</b>  |
| <input type="checkbox"/>   | None of the above<br>If "None of the above" is selected, complete option 3 in <b>Part C</b> .           |

Refer to the Ministry of Social and Family Development's (MSF) website at <https://familyassist.msf.gov.sg/content/proceeding-with-divorce/divorce-proceedings/mandatory-co-parenting-programme-cpp/> for more information on the Parenting Programme.

## Part C

### Only if the Applicant has not satisfied the parenting programme

1.  I have applied for the Court's permission to proceed with my application without my attendance at the Parenting Programme.

*Provide the details of the permission application:*

Did the Court grant permission to proceed with this application?

- Yes. *Provide the following case details:*

Case number: Enter case no. here.

Date of order: Enter date here.

- No. *This application cannot be submitted to the Court.*

2.  I would like to seek the Court's permission to proceed with my application without my attendance at the Parenting Programme.

The reasons for my application are:

Enter reasons here.

Indicate when you will attend the programme:

Enter details here.

*Select option 2 if you require the Court's permission to proceed with this application if you have not satisfied the Parenting Programme requirements.*

*If you are unable to secure an appointment to attend the Parenting Programme, include any supporting document(s) such as the programme appointment date.*

### Only if the Respondent has not satisfied the parenting programme

3. Did your spouse apply for the Court's permission for you to proceed with this application without your spouse's attendance at the Parenting Programme?

- Yes

Did the Court grant permission to proceed with this application?

- Yes. *Please provide the following case details.*

Case number: Enter case no. here.

Date of order: Enter date here.

- No. This application **cannot** be submitted to the Court.
- No. This application cannot be submitted to the Court.

*If your spouse does not have the Court's permission, he or she must first obtain the Court's permission.*

**Important notes to Applicant**

(a) **Filing Fees:** If you are seeking permission under this Part, the relevant filing fees for the Originating Application and application for permission will apply, irrespective of the outcome of your application for permission.

If you are unsure whether the reasons to support your application for permission are sufficient or you prefer to incur the filing fees separately, you may consider applying for permission using the Generic Originating Application (Form 53) prior to filing the Originating Application for Divorce.

(b) **Service of Document(s):** If you are seeking permission under this Part, do **not** serve the Originating Application and its accompanying document(s) on the other party until the permission has been granted by the Court.

*Proceed to Section 4.*

**Section 4: Existing Court Case**

Do you have any pending or concluded Court proceedings in Singapore or elsewhere relating to: (a) the marriage, (b) child(ren) of the marriage (c) spousal or child(ren) maintenance (d) a property belonging to either you or your spouse?

- No.
- Yes. *Complete the information below.*

Notes

*If you are filing this application after you have been served with your spouse's application for dissolution of marriage, select "Yes".*

**Local proceedings**

| No. | Case number          | Status (Pending / Concluded) | If pending, date of next Court event: If concluded, outcome of case: |
|-----|----------------------|------------------------------|--|
| 1.  | Enter case no. here. | Enter status here.           | Enter details here.  |
| 2.  | Enter case no. here. | Enter status here.           | Enter details here.  |
| 3.  | Enter case no. here. | Enter status here.           | Enter details here.  |
| 4.  | Enter case no. here. | Enter status here.           | Enter details here.  |

*For concluded cases, briefly state the final orders made to describe the outcome.*

|    |                      |                    |                     |
|----|----------------------|--------------------|---------------------|
| 5. | Enter case no. here. | Enter status here. | Enter details here. |
|----|----------------------|--------------------|---------------------|

### Overseas proceedings

State details of the overseas application:

Enter details here.

If you are applying for:

- (a) Divorce
- (b) Judicial Separation
- (c) Presumption of Death and Divorce

The details to be included are:

- Case number
- Country of proceedings
- Nature of proceedings
- Status of proceedings (i.e. pending or concluded). If pending, state the date of the next Court event. If concluded, state outcome of the case.

Proceed to:

**Section 5**

**Section 6**

## Section 5: Facts for Divorce / Judicial Separation

Select at least 1 option.

**I am applying for a Divorce / Judicial Separation as my marriage has broken down irretrievably (i.e. the marriage cannot be saved) due to:**

**1.  Mutual agreement**

My spouse and I agree that the marriage has irretrievably broken down.

**2.  Adultery**

Notes

Please refer to Section 95A of the Women's Charter 1961 for the facts for Divorce / Judicial Separation.

When providing the details of the breakdown in the marriage, refer to yourself as the Applicant and your spouse as the Respondent.

Provide the written agreement duly signed by both parties with your application at Section 10.



My spouse has committed adultery and I find it intolerable to live with him/her.

The brief details of my spouse's adultery are:

Enter details here.

Do you know the person with whom your spouse has committed adultery with?

- No.  
 Yes. State the following details of that person:

Name:

Enter name here.

NRIC/FIN/Passport number (if known):

Enter NRIC/ FIN/ Passport number here.

Address (if known):

Enter address and contact details here.

[Add more person(s)]

### 3. Unreasonable behaviour

My spouse has behaved in such a way that I cannot reasonably be expected to live with him/her.

The brief details of my spouse's unreasonable behaviour are:

Enter details here.

*Adultery cannot be used if, once you became aware of it, you lived together as a couple for a period, or combination of periods, exceeding 6 months.*

*If you know the person with whom your spouse has allegedly committed adultery with, that person(s) will be added as a Co-Respondent and has to be served with your application.*

*Exception: If you claim that your spouse has committed such acts within the meaning of section 375 of the Penal Code 1871, you are **not** required to name that individual under the FJ(G)R 2024.*

*If this is a Simplified Divorce or Simplified Judicial Separation and the Co-Respondent is known, the consent of the Co-Respondent is required at [Section 9B](#).*

*If this is not a Simplified Divorce or Simplified Judicial Separation and the Co-Respondent is known, the consent of the Co-Respondent can be filed using the Consent (General) (Form 108A).*

*Unreasonable behaviour cannot be used if you lived together as a couple for a period, or periods, totalling more than 6 months after the date of the last incident which you are relying on as evidence of your spouse's unreasonable behaviour.*

*You can describe your spouse's unreasonable behaviour and include the most recent incidents as examples of your spouse's behaviour. You must provide sufficient details*

- I would like to include a Co-Respondent to this proceeding.

*State the following details of the Co-Respondent:*

Name:

Enter name here.

NRIC/FIN/Passport number (if known):

Enter NRIC/Passport number here.

Address (if known):

Enter address and contact details here.

[Add more person(s)]

- I have named a person in the details of unreasonable behaviour but do not wish to add the person as a Co-Respondent.

Number of persons named: Enter number here.

*to show that you cannot reasonably be expected to live with your spouse.*

*If you know the person with whom your spouse allegedly has an improper association with, and you intend to rely on the improper association as facts of your spouse's unreasonable behaviour, add that person as a Co-Respondent.*

*If you have selected both "Adultery" and "Unreasonable behaviour", you only need to provide the information on the Co-Respondent once.*

*If this is a Simplified Divorce or Simplified Judicial Separation and the Co-Respondent is known, the consent of the Co-Respondent is required.*

*Select this option if the person is sufficiently identified (E.g., a colleague by the name of Ms Claire).*

*A Notice of Proceeding will be generated for service on each Named Person.*

#### 4. Desertion

My spouse has deserted me for a continuous period of at least 2 years immediately preceding this application.

My spouse has deserted me since:

Enter details here.

The brief details of the desertion are:

Enter details here.

During the period of desertion, my spouse and I resumed living with each other during these period(s):  
from Enter date here to Enter date here.  
(Add more if required.)

The combined period of reconciliation is:

Enter number of months here.

**5.  3 years separation with consent**

My spouse and I have lived apart for a continuous period of at least 3 years immediately preceding this application and my spouse consents to a Divorce/Judicial Separation.

*Proceed to question 5A/6A below.*

*You must have your spouse's consent to this application if your application is based on separation of 3 years.*

**6.  4 years separation**

My spouse and I have lived apart for a continuous period of at least 4 years immediately preceding this application.

*Proceed to question 6A below.*

5A My spouse and I have separated since:

6A Enter details here.

5B I formed the intention to separate from my spouse from:

6B Enter details here.

State your living arrangements during the separation:

5C  My spouse and I resided at the same address but  
6C maintained separate households

- during the period of our separation.
- from Enter date here to Enter date here.

My spouse and I resided at different addresses

- during the period of our separation.
- from Enter date here to Enter date here.

5D My address is as follows:

| Residential address | Period of residence             |
|---------------------|---------------------------------|
| Enter address here. | Enter period of residence here. |
| Enter address here. | Enter period of residence here. |

My spouse's address is as follows:

| Residential address | Period of residence             |
|---------------------|---------------------------------|
| Enter address here. | Enter period of residence here. |
| Enter address here. | Enter period of residence here. |

5E Describe how your spouse and you lived separate lives:

6E

Select the options in 5F/6F if the parties reconciled during separation.

5F  During the separation, my spouse and I resumed living  
6F with each other during these periods:

from Enter date here to Enter date here.  
(Add more if required.)

The combined period of reconciliation is:

*You may choose more than one option if the living arrangements changed during the separation period.*

*Provide the relevant information for the period of separation which you are proceeding on, eg. 3 years immediately preceding this application*

*Describe how you and your spouse lived separate lives during the period of separation. If you selected "My spouse and I resided at the same address but maintained separate households", describe how you and your spouse lived in separate households.*

Proceed to Section 7.

## Section 6: Application for Presumption of Death and Divorce

**I am applying for my spouse to be presumed dead and to dissolve my marriage.**

My spouse has been continually absent from me since:

Enter details here.

My last contact with my spouse was on:

Enter details here.

at:

Enter address here.

My last contact with my spouse happened in the following manner:

Enter details here.

I have taken the following steps to find my spouse:

Enter details here.

I believe my spouse is no longer living because:

Enter details here.

*Proceed to Section 7.*

## **Section 7: Ancillary Reliefs**

If ALL ancillary reliefs are agreed, proceed to Part A.  
Otherwise, proceed to Part B.

### **Part A (All ancillary reliefs agreed)**

Select either option 1, 2 or 3:

1.  This is a Cross-Application for a Simplified Divorce / Simplified Judicial Separation.

I ask for the same ancillary reliefs as my spouse's Simplified Divorce / Simplified Judicial Separation.

2.  I am NOT asking for any ancillary reliefs.

3.  I am filing a Simplified Divorce / Simplified Judicial Separation and all ancillary reliefs are agreed.

I ask for the following ancillary reliefs

- Custody of, care and control of, access to the minor child(ren)  
 Division of the matrimonial assets  
 Maintenance for the wife  
 Maintenance for the incapacitated husband  
 Maintenance for the child(ren) of the marriage  
 Others:

Enter details here.

Next steps to take:

*If you have selected option 1, proceed to **Section 8**.*

*If you have selected option 2, proceed to **Section 9A**.*

*If you have selected option 3:*

*(a) complete the Draft Ancillary Reliefs Order (Form 8); and*

*(b) proceed to **Section 9A**.*

*Notes*

*"Minor child(ren)" refers to those aged below 21 years.*

**Part B (Ancillary reliefs NOT agreed)**

Select either option 4, 5 or 6:

4.  I am NOT asking for any ancillary reliefs.

5.  I am ONLY asking for costs for the dissolution of marriage.

6.  I am asking for the following ancillary reliefs:  
 Custody of, care and control of, access to the minor child(ren)  
 Division of the matrimonial assets  
 Maintenance for the wife  
 Maintenance for the incapacitated husband

Next steps to take:

*If you have selected either option 4 or 5, proceed to:*

- **Section 9A** if you are applying for Simplified Divorce or Simplified Judicial Separation.
- **Section 9C** for all other types of application.

*If you have selected option 6, proceed to **Section 8**.*

*Notes*

*If you have minor child(ren) (i.e. aged below 21 years) of the marriage, options for*

- Maintenance for the child(ren) of the marriage
- Others:

Enter details here.

*“Custody of, care and control of, access to the minor child(ren)” and “Maintenance for child(ren) of the marriage” will be selected for you by default.*

## Section 8: Bankruptcy Status and Value of Asset Pool (No Agreement)

### 1. Bankruptcy status

Notes

- 1a. Are you an undischarged bankrupt?
- Yes. Proceed to question 1c.
  - No. Proceed to question 1b.
- 1b. Are there pending bankruptcy proceedings filed against you?
- Yes.
  - No.
- Proceed to question 1c.
- 1c. Is your spouse an undischarged bankrupt?
- Yes. Proceed to question 2.
  - No. Proceed to question 1d.
- 1d. Are there pending bankruptcy proceedings filed against your spouse?
- Yes.
  - No.

*If you are or your spouse is an undischarged bankrupt, you must obtain the Official Assignee’s prior approval to any agreement on the ancillary reliefs.*

*If this is a **Cross-Application** for a Simplified Divorce / Simplified Judicial Separation proceed to **Section 9A**.*

**For other types of application**

*If you have selected “Division of matrimonial assets” in Section 7, proceed to **question 2**. Otherwise, proceed to **question 3**.*

### 2. Asset pool

(If you have selected “Division of matrimonial assets” in Section 7)

- 2a. Based on my estimate, the total **gross** value of matrimonial assets which the Court is required to determine is:
- Less than S\$2 million

*Gross value: Market value of all assets without deducting outstanding liabilities and debts, e.g.*

- Between S\$2 million and S\$4.99 million
- At least S\$5 million

*gross value of an immovable asset = market value without deducting the loan.*

2b. Is there an immovable asset in the asset pool?

- Yes. Complete **Annex B**.
- No.

*Examples of immovable assets are houses, land or buildings.*

2c. At least 1 **immovable asset** in the asset pool is wholly or partially owned by someone (i.e. third party) other than my spouse and I.

- Yes.
- No.

*If the third party holds the asset jointly with you or your spouse, select "Yes".*

### 3. Mediation

(Applicable only if you have no minor child(ren))

Do both parties agree to attend mediation?

- Yes.
- No.

*"Minor child(ren)" refers to those aged below 21 years.*

Proceed to Section 9A if you are applying for Simplified Divorce or Simplified Judicial Separation.

Proceed to Section 9C for all other types of application.



## Annex A: Details of Child(ren)

Use a separate table for each child.

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>Name</b>   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>NRIC/ FIN/ Passport number</b>   | Enter NRIC/ FIN/ Passport no. here.                      | <b>Gender</b>           | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| <b>Date of birth (DD/MM/YYYY)</b>   | Enter date here.   | <b>Age</b>              | Enter age here.  |
| <b>Any health condition or disability which affect the child's living expenses or care arrangements?</b>                                  | Enter details here.                                      |                         |  |
| <b>Court orders / Proceedings relating to this Child</b>  |  |                         |  |
| <b>Is the child protected by an existing Personal Protection Order?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | State the brief details of the order:                    |                         |  |
|   | Enter details here.                                      |                         |  |
| <b>Are there existing Youth Court order(s) or ongoing Youth Court proceedings?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | Nature of order / proceedings:                           | Enter details here.     |  |
|   | State the person against whom the order was made:        |                         |  |
|   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of arrangement:                                     | Enter date here.        |  |
|   | Expiry date of the arrangement:                          | Enter date here.        |  |
| <b>Is there an existing court order for this</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |

|   |   |                         |
|---|---|-------------------------|
| <b>child's maintenance?</b>   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Is there an existing court order for this child's living and contact arrangements?</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |
|   | Case number (if issued by this Court):                                | Enter case number here. |
|   | Date of order:  | Enter date here.        |
|   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?</b> | Enter details here.   |                         |

## Annex B: Immovable Asset(s)

Use a separate table for each immovable asset.

|   |  |  |   |
|---|--|--|---|
| Address of property   | Enter address here.  |  |   |
| Reference name<br>(if there is more than 1 property, provide a short name for identification)   | Enter reference name here e.g. "the Siglap property".  |  |   |
| Is this an HDB property?  | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. I <input type="checkbox"/> have <input type="checkbox"/> have not satisfied the Minimum Occupation Period ("MOP"). |  |   |
| <b>Owners of the property</b>   |  |  |   |
| Name  | Nature of holding  | Share (in %)<br>(to complete if tenancy-in-common is selected) |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| <b>Market value</b>   |  |  |   |
| Complete <b>A</b> if the MOP (only for HDB flats / ECs) is not satisfied for this asset.<br>Complete <b>B</b> for HDB flats/ECs (which have satisfied the MOP) or non-HDB property. |  |  |   |
| A) Purchase price   | Enter amount here.   | A) Date of purchase  | Enter date here.  |
| B) Estimated market value (in SGD)  | Enter amount here.   | B) Basis of the value  | <input type="checkbox"/> HDB <input type="checkbox"/> URA latest transaction records<br><input type="checkbox"/> Desktop <input type="checkbox"/> Onsite valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |
| <b>Mortgage</b>   |  |  |   |

|                                      |                    |                                |  |
|--------------------------------------|--------------------|--------------------------------|--|
| <b>Outstanding Mortgage (in SGD)</b> | Enter amount here. | <b>Name(s) of mortgagee(s)</b> | <input type="checkbox"/> All legal owners<br><input type="checkbox"/> Others:<br><div data-bbox="1034 277 1386 412" style="border: 1px solid black; padding: 5px;">Enter details here.</div> |
|--------------------------------------|--------------------|--------------------------------|--|

## Section 9A: Applicant's Affirmation for Simplified Divorce / Simplified Judicial Separation

For the Applicant's completion

Notes

Name of maker: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.  
Occupation: Enter occupation here.

- (a) I am the Applicant in this Originating Application (“this application”).
- (b) I refer to this application  and the Affidavit of Split Care and Control. Where the facts set out in these documents are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.
- (c) (a) Both parties agree to the Court dissolving the marriage on the reasons stated in this Originating Application.
- (b)  Both parties agree to all ancillary matters in the Draft Ancillary Reliefs Order  and the Affidavit of Split Care and Control.
- (d) I request for a hearing date (without parties' attendance) to be fixed for this application.
- (e) I understand that I must serve the Respondent with this application and file the Affidavit of Service within 14 days of filing this application.
- (f) I understand that if the documents are not in order, the Court may reject this application or adjourn the hearing at which parties' attendance may be required.

*Tick the checkbox if you completed the Affidavit of Split Care and Control (Form 10). You do not need to affirm the Affidavit of Split Care and Control separately.*

*Tick the checkbox if the parties agreed on all ancillary matters.*

The application (and affidavit, where applicable) is/are to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## Section 9B: Respondent's / Co-Respondent's / Named Person's Consent to Simplified Divorce / Simplified Judicial Separation

This Section may be used by more than 1 person to indicate their consent if the **same options** apply to all persons. Otherwise, use a separate Section 9B for persons with different options selected.

**For the Respondent's / Co-Respondent's (if any) / Named Person's (if any) completion**

Notes

By signing this document, each person in clause 5 states as follows:

1. I understand the nature and effect of the orders sought in this Originating Application for  Divorce  Judicial Separation (“this Originating Application”);  
Below options applicable to Respondent in an OA (not Cross-Application) only  
 [and] the Draft Ancillary Reliefs Order;  
 [and] the Affidavit of Split Care and Control.

For questions 1 and 2  
 Select ALL applicable options.

If you select “the Affidavit of Split Care and Control”, you **must** select “the Draft Ancillary Reliefs Order” as well.

2. I have read and understood the contents of this Originating Application;  
Below options applicable to Respondent in an OA (not Cross-Application) only  
 [and] the Draft Ancillary Reliefs Order;  
 [and] the Affidavit of Split Care and Control.

- 3a. I consent to the Court dissolving the marriage on the reasons stated in this Originating Application.

- 3b. Below options applicable to Respondent in an OA (not Cross-Application) only  
 I consent to all ancillary matters set out in the Draft Ancillary Reliefs Order;  
 [and] the Affidavit of Split Care and Control.

Select ALL applicable options.

### ONLY if a Cross-Application is to be filed

- 3c.  I understand that I am required to file a Cross-Application for  Divorce  Judicial Separation within 3 days and that the same hearing date will be given for both applications.

Select 3c only if this Consent is for Simplified Divorce or Simplified Judicial Separation, and your spouse has also consented to your Cross-Application for Divorce / Judicial Separation.

If my Cross-Application is not filed within 3 days, the Applicant's Originating Application may be heard first without considering my Cross-Application.

## Correspondence address

### 4a. This question is mandatory.

I consent for all Court documents filed in these proceedings to be served on me in this manner:

- through my lawyer.
- on me (provide the details below):  
 Mode of service: Enter details here.  
 Contact number / Address:  
Enter details here.

I can change these details by informing the other party.

### 4b. I consent for all Court correspondences to be sent to:

- my email address: Enter details here.
- my Singapore residential address:  
Enter details here.

I can change these details by informing the Court and the other party.

*You may select this option if you are not represented by a lawyer.*

*If you wish to receive Court notices at an address which is different from clause 5, select 4b. P.O. Boxes are not acceptable.*

## 5. Person(s) signing this consent:

| Name                                       | NRIC/ FIN/ Passport number          | Singapore address or email address             | Party type in proceedings (e.g. Respondent / Co-Respondent / Named Person) |
|--|-------------------------------------|--|--|
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter Singapore address or email address here. | Enter party type here.   |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter Singapore address or email address here. | Enter party type here.   |

Please note that each person listed here, or his/her lawyer (if any), is to provide his/her signature below.

## To be completed if you are acting in-person

- I acknowledge that I have considered this application and have been informed by the other party's lawyer of my right to seek independent legal advice.

*Select this option if you are not represented by a lawyer and the other party is represented by a lawyer/*

If you are not represented by a lawyer, you are required to sign this form before a Commissioner for Oaths.

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

**To be completed by lawyer (if any)**

X

\_\_\_\_\_  
Signature

Counsel for the Select party type:

Enter name of lawyer and law firm here.

Date:

Enter date here.

*If you are represented by a lawyer, you are not required to sign this form. Instead, your lawyer may sign this form on your behalf.*

*Applicable options are: Respondent / Co-Respondent / Named Person.*

*If this is completed by your lawyer, your lawyer should update your records in eLitigation to ensure that he is the lawyer on record. Otherwise, the Court may require you to sign this document personally.*



## Section 9C: Certification by Applicant and Counsel for Non-Simplified Divorce / Non-Simplified Judicial Separation / Presumption of Death and Divorce

### To be completed by the Applicant

1. I am aware of the options of family mediation or counselling, before filing this Originating Application.
2. I, Enter full name of Applicant here, certify that all the statements made in this Originating Application are true to the best of my knowledge and belief.

X

\_\_\_\_\_  
Signature of Applicant

Name: Enter full name as per NRIC/Passport here.

Date:

Enter date here.

### To be completed by lawyer (if any)

3. I have informed the Applicant about the options of family mediation or counselling before filing this Originating Application.
4. I, Enter full name of Applicant's counsel here, certify that I have informed the Applicant of his obligation in paragraph 2 above.

X

\_\_\_\_\_  
Signature of Applicant's counsel

Counsel for the Applicant:

Enter name of lawyer and law firm here.

Date:

Enter date here.

### Notes

*If you are not represented by a lawyer, please ensure that you have considered the mediation and/or counselling services available to you. For more information on mediation and/or counselling, visit the Singapore Courts' website.*

## Section 10: Supporting Documents

You must attach, with your application, a copy of the documents listed in Table 10 (where applicable) and all documents which you intend to rely on to support your position.

**Table 10**

*Tick the relevant checkbox(es) to attach document(s) from related cases that had been filed previously.*

Notes

| Supporting Documents  |   | Attachment(s)            |  |
|---|---|--------------------------|--|
| <b>Category 1: Marriage Documents</b>   |   |                          |  |
| 1   | <b>Copy of Marriage Certificate</b>   | <input type="checkbox"/> |  |
| 2   | <b>Translation of Marriage Certificate</b> (if not in English) (if applicable)  | <input type="checkbox"/> |  |
| 3   | Document(s) to show a <b>change in a party's name or identification number</b> stated in the Marriage Certificate (if applicable) | <input type="checkbox"/> |  |
| 4   | Copy of <b>child(ren)'s Birth Certificates</b> (if applicable)  | <input type="checkbox"/> |  |
| 5   | <b>Translation of child(ren)'s Birth Certificates</b> (if not in English) (if applicable)   | <input type="checkbox"/> |  |
| <b>Category 2A: Parenting Programmes</b><br>(For Divorce with minor child(ren) only)  |   |                          |  |
| 6A  | <b>My Parenting Programme Certificate of Attendance; OR</b>   | <input type="checkbox"/> |  |
| 6B  | <b>My Parenting Programme exemption note; OR</b>  | <input type="checkbox"/> |  |
| 6C  | <b>Supporting Document(s) for Permission to proceed without Parenting Programme</b> (if applicable)                               | <input type="checkbox"/> |  |
| <b>Category 2B: Parenting Programmes</b><br>(For Simplified Divorce (with or without complete agreement on ancillary reliefs) with minor child(ren) only) |   |                          |  |
| 7A  | <b>My spouse's Parenting Programme Certificate of Attendance; OR</b>  | <input type="checkbox"/> |  |

*The translations in items 2 and 5 must be done by either a Court interpreter or a certified translator with proof of the translator's certification.*

*If you have minor child(ren) (i.e. aged below 21 years) and applying for Divorce, you need item 6A or 6B.*

*If you and your spouse agree to the dissolution, you need items 7A or 7B.*

|   |  |                          |               |
|---|--|--------------------------|---------------|
| 7B  | My spouse's Parenting Programme exemption note   | <input type="checkbox"/> |               |
| <b>Category 3: Facts for Divorce / Judicial Separation – Mutual Agreement</b> |  |                          |               |
| 8   | Agreement that Marriage has Irretrievably Broken Down (Form 2C)                                    | <input type="checkbox"/> |               |
| <b>Category 4A: Bankruptcy Documents</b>                                      |  |                          |               |
| 9   | My bankruptcy search results from the Ministry of Law's Insolvency Office (if applicable)          | <input type="checkbox"/> |               |
| 10  | My spouse's bankruptcy search results from the Ministry of Law's Insolvency Office (if applicable) | <input type="checkbox"/> |               |
| <b>Category 4B: If there is complete agreement on ancillary matters</b>       |  |                          |               |
| 11  | The relevant supporting documents in the Draft Ancillary Reliefs Order                             | <input type="checkbox"/> | <b>Form 8</b> |

*Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.*

## Originating Application for Nullity

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice or advice on Central Provident Fund Board (“CPF Board”) or Housing and Development Board (“HDB”) policies. Please seek legal advice or consult CPF Board / HDB if necessary.

This form, when submitted to the Court, will be generated in accordance with Form 3.

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application (“OA”).

### **IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 (“FJ(G)R 2024”), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- e. explore alternative ways of settling the dispute without resorting to legal action; or
- f. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

### **Required Supporting Documents**

To complete the form, you will require the following documents:

|   |  |
|---|--|
| For <u>all</u> Nullity<br>(excluding Cross-Application) | Copy of Marriage Certificate   |
|   | Translation of Marriage Certificate<br>(if not in English)                                     |
|   | If applicable, deed poll to show change in the name in<br>the Marriage Certificate             |
|   | If applicable, document to show change in identification<br>number in the Marriage Certificate |
|   | Child(ren)’s Birth Certificates  |
|   | Translation of Birth Certificates (if not in English)  |
| <b>If there are ancillary matters</b>                   |  |

For all Nullity  
(excluding Cross-Application)

Bankruptcy search results from the Ministry of Law's  
Insolvency Office for both parties

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## Section A: What are you filing?

I am applying for:

**Dissolution of marriage**

Select only one option.

### Nullity

Your marriage is invalid (i.e. void or voidable) under Sections 105 or 106 of the Women's Charter 1961.

- Originating Application** for Nullity
- Cross-Application** for Nullity
- (c) State the case number of the Originating Application: Enter case number here.
- (d) State the date on which the Originating Application was served: Enter date here.

### Notes

If your spouse has applied for dissolution of marriage, and you want to file your own application for dissolution of marriage, select "Cross-application" unless your spouse's application is a Simplified Originating Application (for divorce or judicial separation). In that case, you should do the following:

- (a) File a new Originating Application (i.e. "2<sup>nd</sup> OA" involving the same parties) and not as a Cross-Application to the 1<sup>st</sup> OA.
- (b) Thereafter, inform the Court that the 2<sup>nd</sup> OA has been filed. You are required to inform the Court at least **5 working days** before the **FIRST** hearing date of the 1<sup>st</sup> OA; failing which, the Court may proceed to hear the 1<sup>st</sup> OA without considering the 2<sup>nd</sup> OA. The notification to the Court should come as a correspondence that is e-filed under "Other Hearing Related Request" in e-Litigation.

The Court will also address the ancillary matters as part of your application. Ancillary matters include

- (e) division of matrimonial assets;
- (f) maintenance;
- (g) custody, care and control and access of your child(ren); and
- (h) costs.

Hence, you are not required to make a separate application for ancillary matters.

## Section B: The Parties

Please use **Section B** in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties' information.

### Section 1: Your Marriage Details

1. Date of solemnisation of marriage

Enter date here.

2. Country of solemnisation

Enter country here.

3. Marriage certificate number (if registered in Singapore)

Enter marriage certificate number here.

4. If your marriage took place **in Singapore** before 16 September 1961 and was not registered, provide details of your wedding ceremony:

Enter details here.

#### Notes

You must exhibit a copy of the marriage certificate in your application. If your marriage was before 16 September 1961 and not registered, provide details in question 4.

To provide details of your wedding ceremony, you may  
(d) state the names of witnesses,  
(e) describe the wedding celebration,  
(f) describe any customary rites.

You may also exhibit wedding photos.

Proceed to Section 2.

### Section 2: Jurisdiction

The Family Justice Courts of Singapore has jurisdiction to grant my application because:

Select only 1 option.

#### Singapore Citizen(s)

- I am a  My spouse is a  My spouse and I are Singapore citizen(s).

#### Notes

This section explains why this Court has the legal power to deal with your application.



**Habitual Residence**

I am  My spouse is  My spouse and I are  
been habitually resident in Singapore in the last 3 years before  
the application date as follows:

*If you are or your spouse is a Singapore Permanent Resident, select the option "habitual residence" and provide the requested details.*

| <b>My address</b>                     |                                 |
|---------------------------------------|---------------------------------|
| <b>Singapore residential address:</b> | <b>Period of residence:</b>     |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |

| <b>My spouse's address</b>            |                                 |
|---------------------------------------|---------------------------------|
| <b>Singapore residential address:</b> | <b>Period of residence:</b>     |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |
| Enter address here.                   | Enter period of residence here. |

**Current Residence**

My spouse and I are residing in Singapore at the time of this application.

My current residential address is:

|                     |
|---------------------|
| Enter address here. |
|---------------------|

My spouse's address is

- the same as my address.
- at a different address *State address below*

Enter address here.

**Others**

Other reasons:

Enter details here.

*If you do not satisfy the above criteria but believe that Singapore has jurisdiction based on domicile or habitual residence, explain why.*

*Proceed to Section 3.*

### **Section 3: About the Child(ren)**

Number of living child(ren): Enter no. of child(ren) here.  
(including those above the age of 21 years)

Do you have a child below 21 years old who is  
(a) born of this marriage or  
(b) accepted as a child of this marriage?

No.

Yes. Complete Annex A for every child below 21 years old.

Notes

*You must attach the birth certificates for each child.*

*Select "Yes" as long as you have a child who is below 21 years old at the time of filing this application.*

*Proceed to Section 4.*

### **Section 4: Existing Court Case**

Do you have any pending or concluded Court proceedings in Singapore or elsewhere relating to: (a) the marriage, (b) a child(ren) of the marriage (c) spousal or child(ren) maintenance (d) a property belonging to either you or your spouse?

No.

Yes. Complete the required information below.

Notes

*If you are filing this application after you have been served with your spouse's application for dissolution of marriage, select "Yes".*

### Local proceedings

| No. | Case number             | Status<br>(Pending /<br>Concluded) | If pending, date of<br>next court event:<br>If concluded,<br>outcome of case: |
|-----|-------------------------|------------------------------------|---|
| 1.  | Enter case no.<br>here. | Enter status<br>here.              | Enter details here.   |
| 2.  | Enter case no.<br>here. | Enter status<br>here.              | Enter details here.   |
| 3.  | Enter case no.<br>here. | Enter status<br>here.              | Enter details here.   |
| 4.  | Enter case no.<br>here. | Enter status<br>here.              | Enter details here.   |
| 5.  | Enter case no.<br>here. | Enter status<br>here.              | Enter details here.   |

*For concluded cases, briefly state the final orders made to describe the outcome.*

### Overseas proceedings

*State details of the overseas application:*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

*The details to be included are:*

- Case number
- Country of proceedings
- Nature of proceedings
- Status of proceedings (i.e. pending or concluded). If pending, state the date of the next Court event. If concluded, state outcome of the case.

*Proceed to Section 5.*

## Section 5: Reasons for Nullity

Select the option(s) from Part A1 (Void marriage) and/or Part B1 (Voidable marriage). If any option from Part A1 is selected, complete Part A2 to provide full details. Likewise, if any option from Part B1 is selected, complete Part B2 to provide full details.

### Part A1: Reasons for Nullity (VOID marriage)

1. The marriage is *void* because:

*Notes*  
*Please refer to Sections 105 and 106 of the Women's Charter 1961 for the facts for*

A.  My spouse and I were **Muslims** on the date of the solemnisation/registration of marriage.

*a void marriage and voidable marriage respectively.*

*When providing the details supporting your application for Nullity, refer to yourself as the Applicant and your spouse as the Respondent.*

B.  Select the applicable option **below 18 years old** on the date of solemnisation of marriage and no special marriage licence was granted for the marriage.

*Applicable options are: I was / My spouse was / My spouse and I were.*

*Please refer to Sections 9 and 21 of the Women's Charter 1961.*

C.  My spouse and I are within the **prohibited degrees of relationship** and no special marriage licence was granted for the marriage.

*Please refer to the First Schedule of the Women's Charter 1961 for the prohibited degrees of relationship*

D.  My spouse and I were of the **same gender** when we solemnised this marriage.

E.  The marriage was solemnised in Singapore and **did not fulfil** the following **requirements**:

- There was a valid  marriage licence  special marriage licence issued.
- The marriage was solemnised by a person licenced to solemnise marriages or the Registrar of Marriages.
- The marriage was solemnised in the presence of at least two credible witnesses.

### For marriages solemnised from 15 September 1961 onwards

F.  Select the applicable option **already married** to another person when we solemnised / registered<sup>1</sup> this marriage.

*This option only applies if the date of your marriage is after 15 September 1961.*

Select the applicable Women's Charter 1961 provision(s):

*Applicable options are: I was / My spouse was / My spouse and I were.*

- Section 5  Section 11  Sections 5 and 11

### For marriages solemnised from 1 July 2016

G.  Select the applicable option knew or believed that  I  my spouse would obtain an **immigration advantage** through the marriage,  
AND

*If your marriage is before 1 July 2016, this option does not apply.*

*Applicable options are: I / My spouse / My spouse and I.*

There was gratification  given  offered to  my spouse  
 me to enter into the marriage.

*Please refer to Section 11A(2) Women's Charter 1961 for the exception.*

- H.  Select the applicable option **convicted of an offence** under Section 57C(1) of the **Immigration Act 1959** for this marriage.

*Applicable options are: I was / My spouse was / My spouse and I were.*

### Other reasons

- I.  The marriage was solemnised in Singapore on or before 1 June 1981 and is void for the following reason(s):

*If you solemnised your marriage in Singapore after 1 June 1981, this option does not apply to you.*

- J.  The marriage was solemnised outside Singapore and is void under private international law for the following reason(s):

*This option only applies if your marriage was solemnised outside Singapore.*

Enter reasons here.

### Part A2: Full details to explain the reasons for Nullity (VOID marriage)

The details of my application are:  
*(State further information on the selected reason.)*

*You must provide sufficient details for the reasons that you are relying on.*

Enter details here.

### Part B1: Reasons for Nullity (VOIDABLE marriage)

2. The marriage is *voidable* because:

- A.   I am  My spouse is **incapable of consummating** the marriage.
- B.  My spouse has **refused to consummate** the marriage.

*Notes*

### If this application is within 3 years from the date of the marriage

- C.   I am  My spouse **did not validly consent** to the marriage.  
The lack of valid consent is due to:
- duress
  - mistake
  - mental disorder
  - state reason if none of the above applies:  
Enter reasons here.

*This reason only applies if your application is within 3 years from the date of your marriage.*

- D.  At the time of the marriage,  I  My spouse was capable of giving a valid consent but was suffering from **mental disorder** to cause  me  my spouse to be unfit for marriage.

*This reason applies only if your application is within 3 years from the date of your marriage. The mental disorder must be one within the meaning of the Mental Health (Care and Treatment) Act 2008 which*

Explain the nature of mental disorder:

Enter details here.

*causes you / your spouse unfit for marriage.*

The mental disorder makes  me  my spouse unfit for marriage in the following way:

Enter details here.

- E.  My spouse was suffering from a **venereal disease** in a communicable form at the time of marriage.

*This reason only applies if your application is within 3 years from the date of your marriage.*

Details of the venereal disease and whether the disease is communicable are as follows:

Enter details here.

I  was  was not aware of my spouse's condition at the time of marriage. The details are as follows:

Enter details here.

- F.  My spouse was **pregnant by another person** at the time of marriage.

*This reason only applies if your application is within 3 years from the date of your marriage.*

I  was  was not aware of my spouse's condition at the time of marriage. The details are as follows:

Enter details here.

**Other reasons**

- G.  The marriage was solemnised in Singapore on or before 1 June 1981 and is voidable for the following reason(s):

Enter reasons here.

*If you solemnised your marriage in Singapore after 1 June 1981, this option does not apply to you.*

*This option only applies if your marriage was solemnised outside Singapore.*

- H.  The marriage was solemnised outside Singapore and is voidable under private international law for the following reason(s):

Enter reasons here.

**Part B2: Full details to explain the reasons for Nullity (VOIDABLE marriage)**

The details of my application are:  
*(State further information on the selected reason.)*

*You must provide sufficient details for the reasons that you are relying on.*



Enter details here.

Proceed to Section 6.

## Section 6: Ancillary Reliefs

Select only 1 option.

1.  I am NOT asking for any ancillary reliefs.  
*Proceed to Section 8.*
2.  I am ONLY asking for costs for the dissolution of marriage.  
*Proceed to Section 8.*
3.  I am asking for the following ancillary reliefs (tick if applicable):
  - Custody of, care and control of, access to the minor child(ren)
  - Division of the matrimonial assets
  - Maintenance for the wife
  - Maintenance for the incapacitated husband
  - Maintenance for the child(ren) of the marriage
  - Others:

Enter details here.

### Notes

*The Court will deal with the following issues if the marriage is dissolved (i.e. the Interim Judgment or Judgement of Judicial Separation is granted):*

*(a) arrangements for minor child(ren) of the marriage,*

*(b) division of matrimonial assets,*

*(c) maintenance for child(ren) and spouse.*

*These are called "ancillary reliefs".*

*If you have minor child(ren) (i.e. aged below 21 years) of the marriage, options for "Custody of, care and control of, access to the minor child(ren)" and "Maintenance for child(ren) of the marriage" will be selected for you by default.*

## Section 7: Bankruptcy Status and Value of Asset Pool

### 1. Bankruptcy status

#### Notes

- 1a. Are you an undischarged bankrupt?  
 Yes. Proceed to question 1c.  
 No. Proceed to question 1b.
- 1b. Are there pending bankruptcy proceedings filed against you?  
 Yes.  
 No.  
Proceed to question 1c.
- 1c. Is your spouse an undischarged bankrupt?  
 Yes. Proceed to question 2.  
 No. Proceed to question 1d.
- 1d. Are there pending bankruptcy proceedings filed against your spouse?  
 Yes.  
 No.

If you are or your spouse is an undischarged bankrupt, you must obtain the Official Assignee's prior approval to any agreement on the ancillary reliefs.

If you have selected "Division of matrimonial assets" in Section 6, proceed to question 2. Otherwise, proceed to question 3.

### 2. Asset pool

(If you have selected "Division of matrimonial assets" in Section 6)

- 2a. Based on my estimate, the total **gross** value of matrimonial assets which the Court is required to determine is:  
 Less than S\$2 million  
 Between S\$2 million and S\$4.99 million  
 At least S\$5 million
- 2b. Is there an immovable asset in the asset pool?  
 Yes. Complete Annex B.  
 No.
- 2c. At least 1 **immovable asset** in the asset pool is wholly or partially owned by someone (i.e. third party) other than my spouse and I.  
 Yes.

Gross value: Market value of all assets without deducting outstanding liabilities and debts, e.g. gross value of an immovable asset = market value without deducting the loan.

Examples of immovable assets are houses, land or buildings.

If the third party holds the asset jointly with you or your spouse, select "Yes".

No.

**3. Mediation**  
(Applicable only if you have no minor children)

Do both parties agree to attend mediation?

Yes.

No.

*“Minor child(ren)” refers to those aged below 21 years.*

*Proceed to Section 8.*

## Annex A: Details of Child(ren)

Use a separate table for each child.

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>Name</b>   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>NRIC/ FIN/ Passport number</b>   | Enter NRIC/ FIN/ Passport no. here.                      | <b>Gender</b>           | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| <b>Date of birth (DD/MM/YYYY)</b>   | Enter date here.   | <b>Age</b>              | Enter age here.  |
| <b>Any health condition or disability which affect the child's living expenses or care arrangements?</b>                                  | Enter details here.                                      |                         |  |
| <b>Court orders / Proceedings relating to this Child</b>  |  |                         |  |
| <b>Is the child protected by an existing Personal Protection Order?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | State the brief details of the order:                    |                         |  |
|   | Enter details here.                                      |                         |  |
| <b>Are there existing Youth Court order(s) or ongoing Youth Court proceedings?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | Nature of order / proceedings:                           | Enter details here.     |  |
|   | State the person against whom the order was made:        |                         |  |
| Enter full name as per NRIC/Passport here.  |  |                         |  |
| <b>Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of arrangement:                                     | Enter date here.        |  |
|   | Expiry date of the arrangement:                          | Enter date here.        |  |
| <b>Is there an existing court order for this</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |

|   |   |                         |
|---|---|-------------------------|
| <b>child's maintenance?</b>   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Is there an existing court order for this child's living and contact arrangements?</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |
|   | Case number (if issued by this Court):                                | Enter case number here. |
|   | Date of order:  | Enter date here.        |
|   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?</b> | Enter details here.   |                         |

## Annex B: Immovable Asset(s)

Use a separate table for each immovable asset.

|   |  |  |   |
|---|--|--|---|
| Address of property   | Enter address here.  |  |   |
| Reference name<br>(if there is more than 1 property, provide a short name for identification)   | Enter reference name here e.g. "the Siglap property".  |  |   |
| Is this an HDB property?  | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. I <input type="checkbox"/> have <input type="checkbox"/> have not satisfied the Minimum Occupation Period ("MOP"). |  |   |
| <b>Owners of the property</b>   |  |  |   |
| Name  | Nature of holding  | Share (in %)<br>(to complete if tenancy-in-common is selected) |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| <b>Market value</b>   |  |  |   |
| Complete <b>A</b> if the MOP (only for HDB flats / ECs) is not satisfied for this asset.<br>Complete <b>B</b> for HDB flats/ECs (which have satisfied the MOP) or non-HDB property. |  |  |   |
| A) Purchase price   | Enter amount here.   | A) Date of purchase  | Enter date here.  |
| B) Estimated market value<br>(in SGD)   | Enter amount here.   | B) Basis of the value  | <input type="checkbox"/> HDB <input type="checkbox"/> URA latest transaction records<br><input type="checkbox"/> Desktop <input type="checkbox"/> Onsite valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |
| <b>Mortgage</b>   |  |  |   |

|                                      |                    |                                |  |
|--------------------------------------|--------------------|--------------------------------|--|
| <b>Outstanding Mortgage (in SGD)</b> | Enter amount here. | <b>Name(s) of mortgagee(s)</b> | <input type="checkbox"/> All legal owners<br><input type="checkbox"/> Others:<br><div data-bbox="1034 277 1385 412" style="border: 1px solid black; padding: 5px;">Enter details here.</div> |
|--------------------------------------|--------------------|--------------------------------|--|

## Section 8: Certification by Applicant and Counsel

### To be completed by the Applicant

1. I am aware of the options of family mediation or counselling, before filing this Originating Application.
2. I, Enter full name of Applicant here, certify that all the statements made in this Originating Application are true to the best of my knowledge and belief.

X

\_\_\_\_\_  
Signature of Applicant

Name: Enter full name as per NRIC/Passport here.

Date:

Enter date here.

### To be completed by lawyer (if any)

3. I have informed the Applicant about the options of family mediation or counselling, before filing this Originating Application.
4. I, Enter full name of Applicant's counsel here, certify that I have informed the Applicant of his obligation in paragraph 2 above.

X

\_\_\_\_\_  
Signature of Applicant's counsel

Counsel for the Applicant:

Enter name of lawyer and law firm here.

Date:

Enter date here.

### Notes

*If you are **not** represented by a lawyer, please ensure that you have considered the mediation and/or counselling services available to you. For more information on mediation and/or counselling, visit the Singapore Courts' website.*



## Section 9: Supporting Documents

You must attach, with your application, a copy of the documents listed in Table 9 (where applicable) and all documents which you intend to rely on to support your position.

Notes

**Table 9**

*Tick the relevant checkbox(es) to attach document(s) from related cases that had been filed previously.*

| Supporting Documents                    |   | Attachment(s)            |  |
|---|---|--------------------------|--|
| <b>Category 1: Marriage Documents</b>   |   |                          |  |
| 1                                       | <b>Copy of Marriage Certificate</b>   | <input type="checkbox"/> |  |
| 2                                       | <b>Translation of Marriage Certificate</b> (if not in English)  | <input type="checkbox"/> |  |
| 3                                       | Document(s) to show a <b>change in a party's name or identification number</b> stated in the Marriage Certificate (if applicable) | <input type="checkbox"/> |  |
| 4                                       | Copy of <b>child(ren)'s Birth Certificates</b> (if applicable)  | <input type="checkbox"/> |  |
| 5                                       | <b>Translation of child(ren)'s Birth Certificates</b> (if not in English) (if applicable)   | <input type="checkbox"/> |  |
| <b>Category 2: Bankruptcy Documents</b> |   |                          |  |
| 6                                       | <b>My bankruptcy search results from the Ministry of Law's Insolvency Office</b>  | <input type="checkbox"/> |  |
| 7                                       | <b>My spouse's bankruptcy search results from the Ministry of Law's Insolvency Office</b>   | <input type="checkbox"/> |  |

*The translations in items 2 and 5 must be done by either a Court interpreter or a certified translator with proof of the translator's certification.*

*Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.*

## Agreement That Marriage Has Irretrievably Broken Down

### Important Notes:

You and your spouse will have to sign this Form if the both of you are applying for divorce or judicial separation on the basis that the both of you agree that the marriage has irretrievably broken down.

The signed Form must be filed together with the Originating Application / Cross-Application for Divorce / Judicial Separation.

Please provide all the necessary details, as the Court cannot accept the agreement if it considers, in all the circumstances of the case, that there remains a reasonable possibility of reconciliation.

To avoid doubt, parties are not required to state communications that are made without prejudice or are otherwise protected by privilege.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

1. We are the Applicant and the Respondent.
2. We agree that the marriage has irretrievably broken down.
3. We conclude that our marriage has irretrievably broken down for the following reasons:  
*(Please note that you must set out in detail the reasons leading the both of you to conclude that your marriage has broken down irretrievably. A bare agreement without explanation is not enough. You must provide sufficient particulars that would allow the court to assess whether there is any basis for your conclusion that your marriage has broken down irretrievably.)*

Enter reasons here.

4. We have made the following efforts to reconcile:  
*(Please provide details of efforts made, such as the number or frequency of such attempts, the nature of such efforts, and whether and what external help (professional or otherwise) was sought.)*

Enter details here.

5. We conclude that further efforts will not lead to a reasonable possibility that we may reconcile for the following reasons:

*(Please state whether there are other options for reconciliation (such as seeking external help) that remain unexplored and explain why, considering the efforts you have made to reconcile, you believe that further attempts are not likely to succeed.)*

Enter reasons here.

6. We have given consideration to the arrangements to be made in relation to our financial affairs:

*(Please describe the consideration that the both of you have given to the issue relating to the division of assets and the outcome of such consideration, which may include any matters that have been agreed.)*

Enter details here.

*(Please describe the consideration that the both of you have given to the issue of spousal maintenance and the outcome of such consideration, which may include any matters that have been agreed.)*

Enter details here.

7. We have given consideration to the arrangements to be made in relation to the child(ren) of the marriage. (to be filled in only if there are children under 21 to the marriage)

*(Please describe the consideration that the both of you have given to the issue of custody, care and control and access to the child(ren) and the outcome of such consideration, which may include any matters that have been agreed.)*

Enter details here.

*(Please describe the consideration that the both of you have given to the issue of maintenance for the child(ren) and the outcome of such consideration, which may include any matters that have been agreed.)*

Enter details here.

I agree that the marriage has irretrievably broken down and acknowledge that I have considered the issues stated in this Form. I am also aware of my right to seek independent legal advice.

I agree that the marriage has irretrievably broken down and acknowledge that I have considered the issues stated in this Form. I am also aware of my right to seek independent legal advice.

---

Signature

Name: Enter name here  
NRIC/FIN/Passport Number: Enter  
NRIC/FIN/Passport Number here  
Date: Enter date here

---

Signature

Name: Enter name here  
NRIC/FIN/Passport Number: Enter  
NRIC/FIN/Passport Number here  
Date: Enter date here

**Generated Originating / Cross-Application for [Simplified]  
Divorce / [Simplified] Judicial Separation / Presumption of Death  
and Divorce / Nullity**

*The Originating / Cross-Application is valid only if engrossed with the seal of the Court and signature of the Registrar*

Originating Application  
No. FC/OA [number]/[year]

Between

[Applicant's Name]<sup>1</sup>  
[ID No. ]

Applicant

Date of filing: [Date]

And

[Respondent's Name]<sup>1</sup>  
[ID No. ]

Respondent

And

[Co-Respondent's Name]<sup>1</sup>  
[ID No. ]

Co-Respondent

**ORIGINATING / CROSS-APPLICATION FOR [SIMPLIFIED] DIVORCE /  
[SIMPLIFIED] JUDICIAL SEPARATION / PRESUMPTION OF DEATH AND  
DIVORCE / NULLITY**

**To the [Respondent / Counsel for the Respondent]**

Name:

**To the [Co-Respondent / Counsel for the Co-Respondent]**

Name:

REGISTRAR  
FAMILY JUSTICE COURTS  
SINGAPORE

**Applicant's address for service**

[Applicant's Name/Name of Applicant's counsel]

<sup>1</sup> Where the Applicant sues or a Respondent is sued in a representative capacity, this Originating Application must be endorsed with a statement of the capacity in which the Applicant sues or a Respondent is sued, as the case may be.

[Address]

<sup>2</sup>This is a consent (full) application.

<sup>2</sup>This is a consent (partial) application.

<sup>2</sup>This is a Cross-Application to [case number]

This ORIGINATING APPLICATION may not be served more than 6 months after the date of its issue unless renewed by order of the Court.

<sup>3</sup>This ORIGINATING APPLICATION is renewed for service for [6 months] from [date] by the order of Court dated [date].

---

<sup>2</sup> Delete if inapplicable.

<sup>3</sup> Applicable if the Court has extended the validity of the Originating Application.

## Parties Details

### 1. The Applicant

|  |  |  |  |
|--|--|--|--|
| <b>Name:</b>                                   |  |  |  |
| <b>Identity type and number:</b>               |  | <b>Country of issue of identification:</b> |  |
| <b>Gender:</b>                                 |  |  |  |
| <b>Race:</b>                                   |  |  |  |
| <b>Date of birth / Age:</b>                    |  |  |  |
| <b>Country of birth:</b>                       |  |  |  |
| <b>Citizenship:</b>                            |  |  |  |
| <b>Occupation:</b>                             |  |  |  |
| <b>Education level:</b>                        |  |  |  |
| <b>Marital status before current marriage:</b> |  |  |  |

### 2. The Respondent

|  |  |  |  |
|--|--|--|--|
| <b>Name:</b>                                   |  |  |  |
| <b>Identity type and number:</b>               |  | <b>Country of issue of identification:</b> |  |
| <b>Gender:</b>                                 |  |  |  |
| <b>Race:</b>                                   |  |  |  |
| <b>Date of birth / Age:</b>                    |  |  |  |
| <b>Country of birth:</b>                       |  |  |  |
| <b>Citizenship:</b>                            |  |  |  |
| <b>Occupation:</b>                             |  |  |  |
| <b>Education Level:</b>                        |  |  |  |
| <b>Marital status before current marriage:</b> |  |  |  |

### 2A. The Co-Respondent

|                                  |  |
|----------------------------------|--|
| <b>Name:</b>                     |  |
| <b>Identity type and number:</b> |  |

### 3. Marriage Details

|  |  |
|--|--|
| <b>Date of solemnisation of marriage:</b>  |  |
| <b>Country of solemnisation:</b>   |  |
| <b>Marriage certificate number (in Singapore):</b>   |  |
| <b>Permission to apply for divorce</b><br><sup>4</sup> The Court has given permission to apply for divorce within 3 years the date of marriage in [case number]. |  |
| <b>Details of marriage ceremony for an unregistered marriage</b><br><sup>5</sup> The marriage was not registered in Singapore. Details of the marriage ceremony: |  |

<sup>4</sup> Applicable if this is a Divorce application within 3 years from the solemnisation of the marriage.

<sup>5</sup> Applicable if the marriage took place before 16 September 1961 and was not registered in Singapore.

[details]

#### 4. Jurisdiction

^The Family Justice Courts of Singapore has jurisdiction to grant this application because ^the Applicant is / the Respondent is / both parties are domiciled in Singapore at the time of this application.

^The Applicant is / The Respondent is a Singapore citizen / Both parties are Singapore citizens.

^The Family Justice Courts of Singapore has jurisdiction to grant this application because ^the Applicant is / the Respondent is / both parties are habitually resident in Singapore for a period of 3 years immediately before this application.

| <b>The Applicant's address</b>        |                             |
|---------------------------------------|-----------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i> |
| [details]                             | [details]                   |

| <b>The Respondent's address</b>       |                             |
|---------------------------------------|-----------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i> |
| [details]                             | [details]                   |

<sup>6</sup>The Family Justice Courts of Singapore has jurisdiction to grant this application because both parties are residing in Singapore at the time of this application.

^The Applicant currently lives at [Singapore address].

^Both parties currently live at [Singapore address].

^The Respondent currently lives at [Singapore address].

^The Family Justice Courts of Singapore has jurisdiction to grant this application because:

[details]

#### 5. Child(ren) Details

Number of living child(ren) of the marriage: [number].

The parties ^do / do not have a child below 21 years old who is born of this marriage or accepted as a child of this marriage.

^The details of the child(ren) are in **Annex A**.

<sup>6</sup> Applicable only in Nullity application.



**5A. Attendance at Parenting Programmes [only if required]<sup>7</sup>**

|   |  |
|---|--|
| <p>The Applicant is required to attend the Parenting Programme.</p> <p><sup>8</sup>The Respondent is required to attend the Parenting Programme.</p>  |  |
| <p>^The Applicant has</p>   | <p>[Parenting Programme Certificate of Attendance / Note of exemption for Parenting Programme]</p> |
| <p>^The Respondent has</p>  | <p>[Parenting Programme Certificate of Attendance / Note of exemption for Parenting Programme]</p> |
| <p>^The Applicant has obtained the Court's permission to proceed with this application without the Applicant's attendance at the Parenting Programme.</p> <p>Case number: [case no.]</p> <p>Date of order: [date]</p>   |  |
| <p><sup>9</sup>The Applicant is seeking the Court's permission to proceed with this application without the Applicant's attendance at the Parenting Programme.</p> <p>The reasons are:</p> <p>[reasons]</p> <p>The Applicant will be able to attend by: [details]</p> <p>^The Respondent has obtained the Court's permission for the Applicant to proceed with this application without the Respondent's attendance at the Parenting Programme.</p> <p>Case number: [case no.]</p> <p>Date of order: [date]</p> |  |

**6. Other Court Proceedings**

|  |
|--|
| <p>^The parties do not have any pending or concluded Court proceedings anywhere in the world relating to the marriage, child(ren) of the marriage, spousal or child(ren) maintenance or property belonging to either of the parties.</p> |
|--|

<sup>7</sup> Applicable only if this is a Divorce application and the parties have minor children (but excluding cross-applications to simplified divorce (with or without complete agreement on ancillaries)).

<sup>8</sup> Applicable only if this is a Simplified Divorce application (with or without complete agreement on ancillaries).

<sup>9</sup> Applicable if the Applicant is required to attend the Parenting Programme and there is no Certificate of Attendance, Note of Exemption or prior permission from the Court to proceed with this application.

^The parties have the following Court proceedings relating to the marriage, child(ren), maintenance or property:

In Singapore:

| No. | Case number | Status<br>(Pending /<br>Concluded) | If pending, date of next Court<br>event:<br>If concluded, outcome of case: |
|-----|-------------|------------------------------------|--|
| 1.  | [details]   | [details]                          | [details]  |
| 2.  | [details]   | [details]                          | [details]  |

Overseas:

[details]

## 7. Facts for Divorce / Judicial Separation

The Applicant is applying for ^Divorce / Judicial Separation on the ground that the marriage has irretrievably broken down.

The Applicant relies on the following fact(s):

(a) The Applicant and Respondent agree that the marriage has irretrievably broken down.

(b) The Respondent has committed adultery and the Applicant finds it intolerable to live with the Respondent.

[details]

(c) The Respondent has behaved in such a way that the Applicant cannot reasonably be expected to live with the Respondent.

[details]

(d) The Respondent has deserted the Applicant for a continuous period of at least 2 years immediately preceding the filing of this application, since [details].

[details]

i. ^The parties resumed cohabitation during these periods:

[details]

ii. ^The combined period of reconciliation is [details].

(e) Both parties have lived apart for a continuous period of at least 3 years immediately preceding the filing of this application and the Respondent consents to a judgment being granted.

(f) Both parties have lived apart for a continuous period of at least 4 years immediately preceding the filing of this application.

Details of the separation

- i. The parties have separated since [details]
- ii. The Applicant formed the intention to separate from the Respondent from [details].
- iii. ^The parties resided at the same address but maintained separate households ^during the period of separation / from [date] to [date].
- iv. ^The parties resided at different addresses ^during the period of separation / from [date] to [date].
- v. The Applicant's residential address is: [details]
- vi. The Respondent's residential address is: [details]
- vii. The parties lived separate and apart as follows:  
[details]
- viii. ^The parties resumed cohabitation during these periods:  
[details]
- ix. ^The combined period of reconciliation is [details].

**7. Reasons for Nullity**

The Applicant is applying for a Judgment of Nullity in respect of the marriage for the following reason(s):

**Void marriages**

- (a) The marriage is void by virtue of Section 3(4) of the Women's Charter 1961.  
Both parties were Muslims on the date of solemnisation / registration of marriage.
- (b) The marriage is void by virtue of Section 9 of the Women's Charter 1961.  
^The Applicant was / The Respondent was / Both parties were below 18 years old on the date of solemnisation of marriage and no special marriage licence was granted for the marriage.
- (c) The marriage is void by virtue of Section 10 of the Women's Charter 1961.  
The parties are within the prohibited degrees of relationship and no special marriage licence was granted for the marriage.
- (d) The marriage is void by virtue of Section 12 of the Women's Charter 1961.  
The parties were of the same gender on the date of solemnisation of marriage.

- (e) The marriage is void by virtue of Section 22 of the Women's Charter 1961.  
The marriage was solemnised in Singapore and did not fulfil the following requirements:
- i. ^There was a valid marriage licence / special marriage licence issued.
  - ii. ^The marriage was solemnised by a person licenced to solemnise marriages or the Registrar of Marriages.
  - iii. ^The marriage was solemnised in the presence of at least two credible witnesses.
- (f) The marriage is void by virtue of Section 5/Section 11/Sections 5 and 11 of the Women's Charter 1961.  
^The Applicant was / The Respondent was / Both parties were already married to another person when they solemnised / registered the marriage and was / were incapable of contracting the marriage.
- (g) The marriage is void by virtue of Section 11A of the Women's Charter 1961.  
^The Applicant / The Respondent / The parties knew / believed that ^the Applicant / the Respondent would obtain an immigration advantage through the marriage and there was ^gratification given / offered to the Applicant / the Respondent to enter into the marriage.
- (h) The marriage is void by virtue of Section 11A of the Women's Charter 1961.  
The Applicant was / The Respondent was / The parties were convicted of an offence under Section 57C(1) of the Immigration Act 1959 for this marriage.
- (i) ^The marriage was solemnised in Singapore on or before 1 June 1981 and is void for the following reason(s):
- [details]
- (j) ^The marriage was solemnised outside Singapore and is void under private international laws for the following reason(s):
- [details]
- (k) The details of the application are:
- [additional details]

### **Voidable marriages**

- (l) The marriage is voidable under Section 106 of the Women's Charter 1961.
- i. ^The marriage has not been consummated because ^the Applicant / the Respondent is incapable of consummating the marriage.
  - ii. ^The marriage has not been consummated due to the wilful refusal of the Respondent to consummate the marriage.

iii. ^Less than 3 years has passed since the date of the marriage. ^The Applicant / The Respondent did not validly consent to the marriage due to ^duress /mistake / mental disorder / [others].

iv. ^Less than 3 years has passed since the date of the marriage. At the time of the marriage, ^the Applicant / the Respondent was suffering from a mental disorder within the meaning of the Mental Health (Care and Treatment) Act 2008 such that ^he / she was unfit for marriage.

A. ^The Applicant / The Respondent was suffering from the following mental disorder:

[details]

B. The disorder made ^the Applicant / the Respondent unfit for marriage in the following way:

[details]

v. ^Less than 3 years has passed since the date of the marriage. The Respondent was suffering from a venereal disease in a communicable form at the time of the marriage.

A. The Respondent was suffering from the following disease of a communicable form:

[details]

B. The Applicant ^was / was not aware of the Respondent's condition at the time of the marriage.

[details]

vi. ^Less than 3 years has passed since the date of the marriage. The Respondent was pregnant by another person at the time of the marriage.

A. The Applicant ^was / was not aware of the Respondent's condition at the time of the marriage.

[details]

(m) ^The marriage was solemnised in Singapore on or before 1 June 1981 and is voidable for the following reason(s):

[details]

(n) ^The marriage was solemnised outside Singapore and is voidable under private international laws for the following reason(s):

[details]

(o) The details of the application are:

[additional details]

## 7. Reasons for Presumption of Death and Divorce

The Applicant is applying for a Judgment of Presumption of Death and of Divorce.

(a) The Respondent has been continually absent from the Applicant since [details].

(b) The Applicant's last contact with the Respondent was on [details] at [place].

(c) The Applicant's last contact with the Respondent was as follows:

[details]

(d) The Applicant took the following steps to find the Respondent:

[details]

(e) The Applicant believes that the Respondent is no longer living because:

[details]

## 8. Reliefs Claimed

The Applicant is applying for:

(a) ^a Judgment of Divorce / a Judgment of Judicial Separation / a Judgment of Nullity / a Judgment of Presumption of Death and Divorce

(b) ^the Court's permission to file this application without the Applicant attending the Parenting Programme

(c) <sup>10</sup>the agreed ancillary reliefs in the Draft Ancillary Reliefs Order below.

### **Draft Ancillary Reliefs Order**

i. [Reliefs stated in the Draft Ancillary Reliefs Order]

ii. [Reliefs stated in the Draft Ancillary Reliefs Order]

iii. [Reliefs stated in the Draft Ancillary Reliefs Order]

(d) <sup>11</sup>the agreed ancillary reliefs stated in the Draft Ancillary Reliefs Order in the Originating Application case no. [case number]

<sup>10</sup> Applicable if this is a Simplified Divorce / Simplified Judicial Separation.

<sup>11</sup> Applicable if this is a Simplified Cross-Application for Divorce or Judicial Separation.

- (e) ^custody of, care and control of, access to the minor child(ren)
  - (f) ^division of the matrimonial assets
  - (g) ^maintenance for the wife
  - (h) ^maintenance for the incapacitated husband
  - (i) ^maintenance for the child(ren) of the marriage
  - (j) ^costs
  - (k) ^[others]
- ^ There are no ancillary reliefs.

**9. Bankruptcy Status and Value of Asset Pool**

|   |  |  |  |
|---|--|--|--|
| <b>A. Bankruptcy Status</b>   |  |  |  |
| The Applicant ^is / is not an undischarged bankrupt.  |  |  |  |
| There ^are / are no pending bankruptcy proceedings filed against the Applicant.   |  |  |  |
| The Respondent ^is / is not an undischarged bankrupt.   |  |  |  |
| There ^are / are no pending bankruptcy proceedings filed against the Respondent.  |  |  |  |
| <b>B. Asset Pool</b>  |  |  |  |
| The total gross value of matrimonial assets which the Court is required to determine is ^less than S\$2 million / between S\$2 million and S\$4.99 million / at least S\$5 million. |  |  |  |
| ^The details of the immovable asset is in <b><u>Annex B</u></b> .   |  |  |  |
| ^At least 1 immovable asset in the asset pool is wholly or partially owned by someone other than the parties.   |  |  |  |
| <b>C. Mediation</b>   |  |  |  |
| ^Both parties agree to attend mediation.  |  |  |  |

**Annex A: Details of Child(ren)**

|                    |  |               |                                 |
|--------------------|--|---------------|---------------------------------|
| <b>Name</b>        | Enter full name as per NRIC/Passport here. |               |                                 |
| <b>NRIC / FIN/</b> | Enter NRIC/ FIN/ Passport no. here.        | <b>Gender</b> | <input type="checkbox"/> Female |

|   |   |                         |                               |
|---|---|-------------------------|-------------------------------|
| <b>Passport number</b>  |   |                         | <input type="checkbox"/> Male |
| <b>Date of Birth</b><br>(DD/MM/YYYY)  | Enter date here.  | <b>Age</b>              | Enter age here.               |
| <b>Any health condition or disability which affect the child's living expenses or care arrangements?</b>                                  | Enter details here.   |                         |                               |
| <b>Court orders / Proceedings relating to this Child</b>  |   |                         |                               |
| <b>Is the child protected by an existing Personal Protection Order?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |                               |
|   | Case number (if issued by this Court):                                | Enter case number here. |                               |
|   | Date of order:  | Enter date here.        |                               |
|   | State the brief details of the order:                                 |                         |                               |
|   | Enter details here.   |                         |                               |
| <b>Are there existing Youth Court order(s) or ongoing Youth Court proceedings?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |                               |
|   | Case number:  | Enter case number here. |                               |
|   | Date of order:  | Enter date here.        |                               |
|   | Nature of order / proceedings:  | Enter details here.     |                               |
|   | State the person against whom the order was made:                     |                         |                               |
| Enter full name as per NRIC/Passport here.  |   |                         |                               |
| <b>Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |                               |
|   | Case number:  | Enter case number here. |                               |
|   | Date of arrangement:  | Enter date here.        |                               |
|   | Expiry date of the arrangement:                                       | Enter date here.        |                               |
| <b>Is there an existing court order for this child's maintenance?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |                               |
|   | Case number (if issued by this Court):                                | Enter case number here. |                               |
|   | Date of order:  | Enter date here.        |                               |
|   | State the brief details of the order:                                 |                         |                               |
|   | Enter details here.   |                         |                               |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |                               |
| <b>Is there an existing court</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |                               |
|   | Case number (if issued by this Court):                                | Enter case number here. |                               |



|   |   |                     |
|---|---|---------------------|
| <b>order for this child's living and contact arrangements?</b>  | Date of order:  | Enter date here.    |
|   | State the brief details of the order:                                 |                     |
|   | Enter details here.   |                     |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here. |
| <b>Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?</b> | Enter details here.   |                     |

**Annex B: Immovable Asset(s)** [Separate table for each immovable asset]

|   |  |  |                  |
|---|--|--|------------------|
| Address of property   | Enter address here.  |  |                  |
| Reference name (if there is more than 1 property, provide a short name for identification)  | Enter reference name here e.g. "the Siglap property".  |  |                  |
| Is this an HDB property?  | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. I <input type="checkbox"/> have <input type="checkbox"/> have not satisfied the Minimum Occupation Period ("MOP"). |  |                  |
| <b>Owners of the property</b>   |  |  |                  |
| Name  | Nature of holding  | Share (in %)<br>(to complete if tenancy-in-common is selected) |                  |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |                  |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |                  |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |                  |
| <b>Market value</b>   |  |  |                  |
| Complete <b>A</b> if the MOP (only for HDB flats / ECs) is not satisfied for this asset.<br>Complete <b>B</b> for HDB flats/ECs (which have satisfied the MOP) or non-HDB property. |  |  |                  |
| A) Purchase price   | Enter amount here.   | A) Date of purchase  | Enter date here. |

|                                    |                    |                         |   |
|------------------------------------|--------------------|-------------------------|---|
| B) Estimated market value (in SGD) | Enter amount here. | B) Basis of the value   | <input type="checkbox"/> HDB <input type="checkbox"/> URA latest transaction records<br><input type="checkbox"/> Desktop <input type="checkbox"/> Onsite valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |
| <b>Mortgage</b>                    |                    |                         |   |
| Outstanding Mortgage (in SGD)      | Enter amount here. | Name(s) of mortgagee(s) | <input type="checkbox"/> All legal owners<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div>  |

### 10. Attestation and Consents

|   |
|---|
| <b>Applicant's affirmation (^Simplified Divorce / Simplified Judicial Separation)</b>   |
| <p>Name of maker: _____</p> <p>Identity No.: _____</p> <p>Address: _____</p> <p>Occupation: _____</p> <p>(a) I am the Applicant in this Originating Application (“this application”).</p> <p>(b) I refer to this application ^and the Affidavit of Split Care and Control. Where the facts set out in these documents are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.</p> <p>(c) Both parties agree to the Court dissolving the marriage on the reasons stated in this Originating Application.</p> <p>(d) ^Both parties agree to all ancillary matters as set out in the Draft Ancillary Reliefs Order [and] the Affidavit of Split Care and Control.</p> <p>(e) I request for a hearing date (without parties' attendance) to be fixed for this application.</p> <p>(f) I understand that I must serve the Respondent with this application and file the Affidavit of Service within 14 days of filing this application.</p> |

(g) I understand that if the documents are not in order, the Court may reject this application or fix the application for a hearing at which the parties' attendance is required.

Sworn/Affirmed by the abovenamed

\_\_\_\_\_ [name]

On this [date]

At [place]

^through the interpretation of [name] in the [language] language.

Before me,

Commissioner for Oaths

**Respondent / Co-Respondent's /Named Person's consent to Simplified Divorce / Simplified Judicial Separation**

- (a) Name:  
ID No:  
Address / Email:  
Party type:
- (b) I understand the nature and effect of the orders sought in the Applicant's Originating Application for ^Divorce / Judicial Separation ("this Originating Application") [, / and] the Draft Ancillary Reliefs Order [and] the Affidavit of Split Care and Control.
- (c) I have read and understood the contents of this ^Originating Application [, / and] the Draft Ancillary Reliefs Order [and] the Affidavit of Split Care and Control.
- (d) I consent to the Court dissolving the marriage on the reasons stated in this Originating Application.
- (e)  ^I consent to all ancillary matters set out in the Draft Ancillary Reliefs Order [and] the Affidavit of Split Care and Control.
- (f)  I understand that I am required to file a Cross-Application for ^Divorce / Judicial Separation within 3 days and that the same hearing will be given for both applications. If my Cross-Application is not filed within 3 days, the Applicant's Originating Application may be heard first without considering my Cross-Application.

*Note: Select this option only if this Consent is for Simplified Divorce or Simplified Judicial Separation, and your spouse has also consented to your Cross-Application for Divorce / Judicial Separation.*

(g) I consent for all Court documents filed in these proceedings to be served on me through my ^lawyer. / on me as follows:  
Mode of service: \_\_\_\_\_  
Contact number / Address: \_\_\_\_\_

I can change these details by informing the other party.

(h)  I consent for all Court correspondences to be sent to:  
 my email address: \_\_\_\_\_  
 my Singapore residential address: \_\_\_\_\_

I can change these details by informing the Court and the other party.

*Note: Applicable only to unrepresented parties. If you wish to receive Court notices at an address which is different from clause 1, select this option.*

**If the consenting party is not represented by a lawyer**

I acknowledge that I have considered this application and have been informed by the other party's lawyer of my right to seek independent legal advice.

*Note: Please select this option if you are not represented by a lawyer and the other party is represented by a lawyer.*

Signed by \_\_\_\_\_ [name]

On this [date]

At [place]

^through the interpretation of [name] in the [language] language.

Before me,

Commissioner for Oaths

**If the consenting party is represented by a lawyer**

\_\_\_\_\_  
Counsel for the [party type]:  
[Name of counsel & law firm]

Date:

**Certification by Applicant and Counsel (all cases except for Simplified Divorce / Simplified Judicial Separation)**

(a) I am aware of the options of family mediation or counselling before filing this Originating Application.

(b) I, [name], certify that all the statements made in this Originating Application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of the Applicant

Name:

Date:

**If the Applicant is represented by a lawyer**

(c) I have informed the Applicant about the options of family mediation or counselling, before filing this Originating Application.

(d) I, [name], certify that I have informed the Applicant of his obligation in paragraph (b) above.

\_\_\_\_\_  
Signature of the Applicant's counsel

[Name of counsel & law firm]

Date:

**11. Supporting Documents**

|                                       |   | Page number |
|---------------------------------------|---|-------------|
| <b>Category 1: Marriage Documents</b> |   |             |
| 1                                     | <b>Copy of Marriage Certificate</b>   |             |
| 2                                     | <b>Translation of Marriage Certificate</b> (if not in English)  |             |
| 3                                     | Document(s) to show a <b>change in a party's name or identification number</b> stated in the Marriage Certificate (if applicable) |             |
| 4                                     | Copy of <b>child(ren)'s Birth Certificates</b> (if applicable)  |             |
| 5                                     | <b>Translation of child(ren)'s Birth Certificates</b> (if not in English) (if applicable)   |             |

|  |   |  |
|--|---|--|
| <b>Category 2A: Parenting Programmes</b><br>(For <b>Divorce</b> with minor child(ren) only)  |   |  |
| 6A   | <b>My Parenting Programme Certificate of Attendance; OR</b>   |  |
| 6B   | <b>My Parenting Programme exemption note; OR</b>  |  |
| 6C   | <b>Supporting Document(s) for Permission to proceed without Parenting Programme (if applicable)</b> |  |
| <b>Category 2B: Parenting Programmes</b><br>(For <b>Simplified Divorce</b> (with or without complete agreement on ancillary reliefs) with minor child(ren) only) |   |  |
| 7A   | <b>My spouse's Parenting Programme Certificate of Attendance; OR</b>                                |  |
| 7B   | <b>My spouse's Parenting Programme exemption note</b>   |  |
| <b>Category 3: Facts for Divorce / Judicial Separation – Mutual Agreement</b>  |   |  |
| 8  | <b>Agreement that Marriage has Irretrievably Broken Down (Form 2C)</b>                              |  |
| <b>Category 4A: Bankruptcy Documents</b>   |   |  |
| 9  | <b>My bankruptcy search results from the Ministry of Law's Insolvency Office</b>                    |  |
| 10   | <b>My spouse's bankruptcy search results from the Ministry of Law's Insolvency Office</b>           |  |
| <b>Category 4B: If there is complete agreement on ancillary matters</b>  |   |  |
| 11   | <b>The relevant supporting documents in the Draft Ancillary Reliefs Order</b>                       |  |

The following documents are to be attached to this Originating Application for service:

- (a) Notice of Proceedings to Respondent / Co-Respondent / Named Person / Non-party who has been served
- (b) Acknowledgment of Service
- (c) Notice to Contest

P.2, r.4, P.7, r.4,  
Third Schedule, Part 1,  
Division 4, Item 17  
FJ(G)R 2024

## Notice to Contest

Applicable only to Divorce, Nullity, Judicial Separation and Presumption of Death and Divorce applications.

**State the main case number:** Enter main case number here.

*Notes*

### Part A

1. I am the:
  - Respondent
  - Co-Respondent
  - Named Person
2. I received the Originating Application on: Enter date here.

*If you file this Notice as a Named Person and do not agree to the application, you will be joined as a Co-Respondent in the application.*

### Dissolution of Marriage

3. The Applicant has applied for [Select the applicable option].
  - I **agree** to the application.
  - I **do not agree** to the application.

*The applicable options are: Divorce / Nullity / Judicial Separation / Presumption of Death and Divorce.*

*For Respondent, proceed to question 4.*

*For Co-Respondent and Named Person, proceed to:*

- *Part B if you are acting in-person (i.e. do not have a lawyer representing you).*
- *Part C if you are represented by a lawyer.*

*Selecting "I agree to the application" means you agree that the marriage is to be dissolved. This does not mean that you agree with the ancillary reliefs which is dealt with separately in paragraph 4.*

*If you also intend to file an application for dissolution of marriage or challenge the jurisdiction of the Singapore Court, select "I do not agree to the application". You must file your own Cross-Application (or a summons to dispute jurisdiction if applicable) within the same timeframe for your Reply. Please refer to paragraph 3 of the Notice of Proceedings (General) (Form 71A).*

Ancillary Reliefs

4. I wish to be heard on the following matters:

- Custody of, care and control of, access to the minor child(ren)
- Division of the matrimonial assets
- Maintenance for the wife
- Maintenance for the incapacitated husband
- Maintenance for the child(ren) of the marriage
- Costs
- Others:

Enter information here.

*Proceed to:*

- **Part B** if you are acting in-person (i.e. do not have a lawyer representing you).
- **Part C** if you are represented by a lawyer.

**Part B (To be completed if you are acting in-person)**

1. I can receive correspondence at:

*You must provide either a Singapore address or your email address.*

Address (in Singapore)

Enter address here.

Email

Enter email address here.

**Contact Number(s)**

*You must provide at least one contact number.*

Singapore mobile number

Enter mobile number here.

Singapore residential number

Enter residential number here.

I do not have a Singapore contact number.

*The Court will deal with the following issues if the marriage is dissolved (i.e. the Interim Judgment is granted):*

- (a) arrangements for minor child(ren) of the marriage,*
- (b) division of matrimonial assets,*
- (c) maintenance for child(ren) and spouse.*

*These are called "ancillary reliefs".*

*This information will be completed for you based on your details in Section B in the Originating Application: Generic Sections (Form 53B).*

*Provide the address at which you can receive Court notices. P.O. Boxes are not acceptable.*



2. Do you require interpretation for Court hearings?

No.

Yes. *State which language/dialect:*

In  Mandarin  Malay  Tamil

Chinese dialects:                     Select a dialect                    

*Should you require the Court to provide a translator in one of these languages, please file a **Request for Hearing Administrative Support** prior to the Court event.*

*The applicable options are: Cantonese / Hakka / Hokkien / Teochew.*

X

\_\_\_\_\_  
Signature of

Name: Enter full name as per NRIC/Passport here.

NRIC/FIN/Passport number: Enter identification no. here.

Date:

Enter date here.

### Part C (To be completed if you are represented by a lawyer)

I am represented by a lawyer.

*Complete the details below.*

**Name of lawyer and law firm**

Enter name of lawyer and law firm here.

**Lawyer's address and email address**

Enter lawyer's address and email address here.

**Lawyer's Contact Number(s)**

*You must provide at least one contact number.*

**Mobile:**

Enter mobile number here.

**Direct line:**

Enter number here.

*This information will be completed for you based on your details in Section B in the Originating Application: Generic Sections (Form 53B).*

X

\_\_\_\_\_  
Signature of

Counsel for the Enter party type here.

Date:

Enter date here.

**Part D: Return the completed Form**

Please return the completed Form to:

*Details of the other parties / other parties' lawyers will be included in the Form.*

*If the other party is represented by a lawyer, you may opt to serve the document through CrimsonLogic eLitigation.*

## Reply to Originating Application for Dissolution of Marriage

### 1. To complete this Form:

You will need to refer to the Originating Application (“OA”) that was served on you.

### 2. If you are a Respondent

#### a. By filing this Reply, you are informing the Court that:

- (i) You disagree that the marriage should be dissolved (*in the case of a Divorce*)
  - (ii) You disagree that the parties should be separated (*in the case of a Judicial Separation*)
  - (iii) You disagree that the marriage should be annulled (*in the case of a Nullity*)
- AND/OR
- (iv) You disagree with your spouse’s reasons for the application.

#### b. If you agree that the marriage should be terminated but for different reasons, you must submit your own OA known as a **Cross-Application (“XOA”)**.

#### c. You should refer to the **Notice of Proceedings** for other Court documents to be filed and the relevant timelines.

#### d. You must complete the following Sections:

- Section 1
- Section 2 (if you are NOT filing a XOA)
- Sections 3 and 4

### 3. If you are a Co-Respondent or a Named Person

#### a. A **Co-Respondent** is a party in the OA.

#### b. A **Named Person** is not a party but is served with the OA because of your alleged involvement in the breakdown of the Applicant’s and the Respondent’s marriage.

#### c. By filing this Reply, you are informing the Court that you disagree with the statements made regarding your involvement.

#### d. In the case of a Named Person, you will become a party in the Court proceedings (a Co-Respondent).

#### e. You must complete the following Sections:

- Section 1
- Sections 3 and 4

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

## Section 1: Introduction

The sub-headers in red refers to the sub-headers (and the corresponding reference) in the Originating Application (“OA”).

If you disagree with any part of the OA, you must state the correct information or give your reasons. To do so, you may select the applicable option or state your reasons in the free-text box provided.

### Part 1

I wish to respond to the Originating Application: Enter Originating Application case number here.

Select your party type and answer the questions under that option:

I am the

**Respondent**

Are you filing a Cross-Application?

Yes. *Proceed to Section 3.*

No. *Proceed to Section 2.*

**Named Person**

*Proceed to Section 3.*

**Co-Respondent**

Are your details in Paragraph 2A of the Originating Application correct?

Yes. *Proceed to Section 3.*

No. *Provide the correct information in Part 2 and proceed to Section 3.*

### Part 2

#### The Co-Respondent: Paragraph 2A

- a.  I agree  I disagree with the Co-Respondent’s details in Paragraph 2A of the Originating Application.

*If you selected “disagree”, complete b.*

- b. I wish to correct the following information:

#### The Co-Respondent

|                   |                     |
|-------------------|---------------------|
| Select an option. | Enter details here. |
| Select an option. | Enter details here. |

Notes

*If the details in the OA are inaccurate or lacking, you may state the correct information. E.g.*

|             |           |
|-------------|-----------|
| Citizenship | Malaysian |
|-------------|-----------|

*The options are: Name / Identity type/number.*

## Section 2: Reply

The sub-headers in red refers to the sub-headers (and the corresponding reference) in the Originating Application (“OA”).

If you disagree with any part of the OA, you must state the correct information or give your reasons. To do so, you may select the applicable option or state your reasons in the free-text box provided.

I refer to the Applicant’s Originating Application.

### The Applicant: Paragraph 1

- 1a.  I agree  I disagree with the Applicant’s details in Paragraph 1 of the Originating Application.

*If you selected “disagree”, complete 1b.*

- 1b. I wish to correct the following information:

#### The Applicant

|                   |                     |
|-------------------|---------------------|
| Select an option. | Enter details here. |
| Select an option. | Enter details here. |

#### Notes

*If the details in the Originating Application are inaccurate or lacking, you may state the correct information. E.g.*

|             |           |
|-------------|-----------|
| Citizenship | Malaysian |
|-------------|-----------|

*The options are: Name / Identity type/number / Country of issue of identification / Gender / Race / Date of birth/Age / Country of birth / Citizenship / Occupation / Education level / Marital status before marriage.*

### The Respondent: Paragraph 2

- 2a.  I agree  I disagree with the Respondent’s details in Paragraph 2 of the Originating Application.

*If you selected “disagree”, complete 2b.*

#### Notes

2b. I wish to correct the following information:

**The Respondent**

|                   |                     |
|-------------------|---------------------|
| Select an option. | Enter details here. |
| Select an option. | Enter details here. |

*If the details in the Originating Application are inaccurate or lacking, you may state the correct information. E.g.*

|             |           |
|-------------|-----------|
| Citizenship | Malaysian |
|-------------|-----------|

*The options are: Name / Identity type/number / Country of issue of identification / Gender / Race / Date of birth/Age / Country of birth / Citizenship / Occupation / Education level / Marital status before marriage.*

**The Co-Respondent: Paragraph 2A**

2c.  I agree  I disagree with the Co-Respondent's details in Paragraph 2A of the Originating Application.

*If you selected "disagree", complete 2d.*

2d. I wish to correct the following information:

**The Co-Respondent**

|                   |                     |
|-------------------|---------------------|
| Select an option. | Enter details here. |
| Select an option. | Enter details here. |

Notes

*If the details in the Originating Application are inaccurate or lacking, you may state the correct information. E.g.*

|             |           |
|-------------|-----------|
| Citizenship | Malaysian |
|-------------|-----------|

*The options are: Name / Identity type/number.*

**Marriage Details: Paragraph 3**

3a.  I agree  I disagree with the Marriage details in Paragraph 3 of the Originating Application.

*If you selected "disagree", select the most suitable option(s) below.*

3b.  I wish to correct the following marriage details:

**Marriage Details**

|                   |                     |
|-------------------|---------------------|
| Select an option. | Enter details here. |
| Select an option. | Enter details here. |

Notes

*If the details in the Originating Application are inaccurate or lacking, you may state the correct information. E.g.*

|                             |       |
|-----------------------------|-------|
| Marriage certificate number | xxxxx |
|-----------------------------|-------|

*The options are: Date of solemnisation / Country of Solemnisation / Marriage certificate number.*

- 3c.  The Applicant requires the Court’s permission to commence the Originating Application but has not obtained the approval.

The details are:

Enter details here.

- 3d.  The marriage was registered. The details are as follows:  
 The details of the marriage ceremony are as follows:  
 I state as follows:  
*(add more text boxes if more than 1 option is selected)*

Enter details here.

**Jurisdiction: Paragraph 4**

- 4a.  I agree  I disagree with the Jurisdiction details in Paragraph 4 of the Originating Application.

*If you selected “disagree”, select the most suitable option(s) below.*

- 4b. *Select either Option A or Option B.*

**Option A**

- This Court has no jurisdiction to grant this application.

**Option B**

- This Court has jurisdiction to grant this application but I wish to correct the following information.

*If you selected Option A, you must file a summons to challenge jurisdiction instead. Please refer to the Notice of Proceedings.*

Select the applicable option in 4c below. Complete 4d if required.

- 4c.  The Applicant's citizenship
- The Applicant is a Singapore citizen.
  - The Applicant is not a Singapore citizen.  
State citizenship here: Enter details here.
- 4c.  The Respondent's citizenship
- The Respondent is a Singapore citizen.
  - The Respondent is not a Singapore citizen.  
State citizenship here: Enter details here.
- 4c.  The Applicant's habitual residence
- The Applicant is habitually resident in Singapore for a period of 3 years immediately before the Originating Application is filed.
  - The Applicant is not habitually resident in Singapore for a period of 3 years immediately before the Originating Application is filed.
  - The Applicant's habitual residence details are inaccurate.

*Proceed to 4d.*

- 4c.  The Respondent's habitual residence
- The Respondent is habitually resident in Singapore for a period of 3 years immediately before the Originating Application is filed.
  - The Respondent is not habitually resident in Singapore for a period of 3 years immediately before the Originating Application is filed.
  - The Respondent's habitual residence details are inaccurate.

*Proceed to 4d.*

*If the information in the OA is wrong, you may state the correct information. E.g. The Respondent is a Singapore citizen.*



4d.

| The <input type="checkbox"/> Applicant's <input type="checkbox"/> Respondent's address |                                 |
|--|---------------------------------|
| <i>Residential address:</i>  | <i>Period of residence:</i>     |
| Enter address here.  | Enter period of residence here. |
| Enter address here.  | Enter period of residence here. |
| Enter address here.  | Enter period of residence here. |
| Enter address here.  | Enter period of residence here. |

**Options in blue boxes ONLY apply to Nullity.**

4e.  The Applicant's place of residence at the time of filing the Originating Application.

The Applicant was residing in Singapore at the time of filing the Originating Application. Enter address here.

The Applicant was not residing in Singapore at the time of filing the Originating Application. Enter address here.

The Applicant was living at the following address at the time when the Originating Application was filed. Enter address here.

4e.  The Respondent's place of residence at the time of filing the Originating Application.

The Respondent was residing in Singapore at the time of filing the Originating Application. Enter address here.

The Respondent was not residing in Singapore at the time of filing the Originating Application. Enter address here.

The Respondent was living at the following address at the time when the Originating Application was filed. Enter address here.

4f.  Others:

Enter details here.

### Child(ren) Details: Paragraph 5

5a.  I agree  I disagree with the Child(ren) details in Paragraph 5 of the Originating Application).

*If you selected “disagree”, select the most suitable option.*

5b. I wish to correct the following information:

Number of living child(ren) of the marriage: Enter number of children here.

Whether parties have at least 1 child of the marriage below 21 years old.

The parties have at least 1 child below 21 years old.

*Complete Annex A if you wish to list an additional child.*

The parties do not have a child below 21 years old.

Add a minor child or minor children not listed in the Originating Application. *Complete Annex A if you wish to list an additional child.*

*If you have selected “Whether parties have at least 1 child of the marriage below 21 years old” and included the minor child under the option “Parties have at least 1 child below 21 years old”, you do not need to select the option here.*

The details for the child / children listed in the Originating Application:

|   |                     |
|---|---------------------|
| <b>Name of Child:</b> <u>Enter full name as per NRIC/Passport here.</u> |                     |
| Select an option.   | Enter details here. |
| Select an option.   | Enter details here. |

*The options are: Name / NRIC/FIN/Passport number / Gender / Date of birth / Age / Health condition or disability of the Child / Court orders or Proceedings related to this Child.*

The following child(ren) listed by the Applicant is not considered as a child of the marriage:

| Name of Child                              | Brief reasons       |
|--|---------------------|
| Enter full name as per NRIC/Passport here. | Enter details here. |
| Enter full name as per NRIC/Passport here. | Enter details here. |

**Attendance at Parenting Programmes: Paragraph 5A**  
(only applicable if there is paragraph 5A in the Originating Application)

5c.  I agree  I disagree with the Parenting Programmes details in Paragraph 5A of the Originating Application).

*If you selected “disagree”, select the most suitable option(s) below or complete 5e.*

5d.  I wish to correct the following information:

**Parenting Programme**

Certificate of Attendance

Enter details here. E.g. The Applicant does not have a Parenting Programme Certificate of Attendance.

Note of exemption

Enter details here. E.g. The Applicant does not have a Note of exemption for Parenting Programme.

Court’s permission

Enter details here. E.g. The Applicant does not have the Court’s permission to file the Originating Application without attending the Parenting Programme.

5e.  Others:

Enter details here.

*If the information in the Originating Application is wrong, you may state the correct information. E.g. The Applicant has a Parenting Programme Certificate of Attendance.*

**Other Court Proceedings: Paragraph 6**

6a.  I agree  I disagree with the Other Court Proceedings details in Paragraph 6 of the Originating Application.

*If you selected “disagree”, select the most suitable option(s) below.*

6b. I wish to correct the following information:

There are other pending or concluded Court proceedings anywhere in the world relating to the marriage, child(ren) of the marriage, spousal or child(ren) maintenance or property belonging to either of the parties. *Complete 6c.*

There are no pending or concluded Court proceedings anywhere in the world relating to the marriage, child(ren) of the marriage, spousal or child(ren) maintenance or property belonging to either of the parties.

6c.  Details of local proceedings:

| No. | Case number          | Status (Pending / Concluded) | If pending, date of next Court event:<br>If concluded, outcome of case: |
|-----|----------------------|------------------------------|---|
| 1.  | Enter case no. here. | Enter status here.           | Enter details here.   |
| 2.  | Enter case no. here. | Enter status here.           | Enter details here.   |
| 3.  | Enter case no. here. | Enter status here.           | Enter details here.   |
| 4.  | Enter case no. here. | Enter status here.           | Enter details here.   |
| 5.  | Enter case no. here. | Enter status here.           | Enter details here.   |

Details of overseas proceedings:

Enter details here.

*If the information in the Originating Application is wrong, you may state the correct information. E.g. There are pending or concluded Court proceedings.*

**Bankruptcy Status: Paragraph 9A**

7a.  I agree  I disagree with the Bankruptcy details in Paragraph 9A of the Originating Application.

*If you selected “disagree”, select the most suitable option(s) below.*

7b. I wish to correct the following information:

- The Applicant’s bankruptcy status. *Proceed to 7c.*
- The Respondent’s bankruptcy status. *Proceed to 7e.*

*If the information in the Originating Application is wrong, you may state the correct information. E.g. The Respondent is not an undischarged bankrupt.*

7c. Is the Applicant an undischarged bankrupt?

- Yes.
- No. *Proceed to 7d.*

7d. Are there pending bankruptcy proceedings against the Applicant?

- Yes.
- No.

7e. Is the Respondent an undischarged bankrupt?

- Yes.
- No. *Proceed to 7f.*

7f. Are there pending bankruptcy proceedings against the Respondent?

- Yes.
- No.

### **Asset Pool: Paragraph 9B**

8a.  I agree  I disagree with the Asset Pool details in Paragraph 9B of the Originating Application.

*If you selected “disagree”, select the most suitable option(s) below.*

*You cannot delete a property that has been listed in the Originating Application. This does not affect your right to submit on this property at a later stage (i.e. during ancillary matters).*

8b. I wish to correct the following information:

- The total gross value of the matrimonial assets  
The total gross value of matrimonial assets which the Court is required to determine is
  - less than S\$2 million.
  - between S\$2 million and S\$4.99 million.

*If the information in the Originating Application is wrong, you may state the correct information. E.g. The asset pool at least S\$5 million.*

at least S\$5 million.

Details of the immovable assets

Add a property not stated in the Originating Application. *Complete Annex B.*

Details of a property already listed in the Originating Application.  
*(to correct the details of multiple properties, add another table)*

| <b>Address of Property:</b> <u>Enter address here.</u> |    |                     |
|--|----|---------------------|
| Select option.   | an | Enter details here. |
| Select option.   | an | Enter details here. |

*The options are: Is this an HDB flat? / Satisfied MOP? / Name(s) of owner(s) / Nature of holding / Share (in %) / Purchase price / Date of purchase / Estimated market value / Basis of value / Outstanding mortgage / Name(s) of mortgagee(s).*

## Annex A: Details of Child(ren)

Use a separate table for each child.

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>Name</b>   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>NRIC/ FIN/ Passport number</b>   | Enter NRIC/ FIN/ Passport no. here.                      | <b>Gender</b>           | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| <b>Date of birth (DD/MM/YYYY)</b>   | Enter date here.   | <b>Age</b>              | Enter age here.  |
| <b>Any health condition or disability which affect the child's living expenses or care arrangements?</b>                                  | Enter details here.                                      |                         |  |
| <b>Court orders / Proceedings relating to this Child</b>  |  |                         |  |
| <b>Is the child protected by an existing Personal Protection Order?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | State the brief details of the order:                    |                         |  |
|   | Enter details here.                                      |                         |  |
| <b>Are there existing Youth Court order(s) or ongoing Youth Court proceedings?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | Nature of order / proceedings:                           | Enter details here.     |  |
|   | State the person against whom the order was made:        |                         |  |
| Enter full name as per NRIC/Passport here.  |  |                         |  |
| <b>Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of arrangement:                                     | Enter date here.        |  |
|   | Expiry date of the arrangement:                          | Enter date here.        |  |
| <b>Is there an existing court order for this</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |

|   |   |                         |
|---|---|-------------------------|
| <b>child's maintenance?</b>   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Is there an existing court order for this child's living and contact arrangements?</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |
|   | Case number (if issued by this Court):                                | Enter case number here. |
|   | Date of order:  | Enter date here.        |
|   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?</b> | Enter details here.   |                         |



## Annex B: Immovable Asset(s)

Use a separate table for each immovable asset.

You cannot delete a property that has been listed in the Originating Application. This does not affect your right to submit on this property at a later stage (i.e. during ancillary matters).

|   |  |  |   |
|---|--|--|---|
| Address of property   | Enter address here.  |  |   |
| Reference name<br>(if there is more than 1 property, provide a short name for identification)   | Enter reference name here e.g. "the Siglap property".  |  |   |
| Is this an HDB property?  | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. I <input type="checkbox"/> have <input type="checkbox"/> have not satisfied the Minimum Occupation Period ("MOP"). |  |   |
| <b>Owners of the property</b>   |  |  |   |
| Name  | Nature of holding  | Share (in %)<br>(to complete if tenancy-in-common is selected) |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| Enter full name as per NRIC/Passport here.  | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  | Enter % of share here.   |   |
| <b>Market value</b>   |  |  |   |
| Complete <b>A</b> if the MOP (only for HDB flats / ECs) is not satisfied for this asset.<br>Complete <b>B</b> for HDB flats/ECs (which have satisfied the MOP) or non-HDB property. |  |  |   |
| A) Purchase price   | Enter amount here.   | A) Date of purchase  | Enter date here.  |
| B) Estimated market value (in SGD)  | Enter amount here.   | B) Basis of the value  | <input type="checkbox"/> HDB <input type="checkbox"/> URA latest transaction records<br><input type="checkbox"/> Desktop <input type="checkbox"/> Onsite valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |

### Mortgage

|  |                    |                                    |   |
|--|--------------------|------------------------------------|---|
| <b>Outstanding<br/>Mortgage<br/>(in SGD)</b> | Enter amount here. | <b>Name(s) of<br/>mortgagee(s)</b> | <input type="checkbox"/> All legal owners<br><input type="checkbox"/> Others:<br><div data-bbox="1034 338 1386 472" style="border: 1px solid black; padding: 5px; margin-top: 5px;">Enter details here.</div> |
|--|--------------------|------------------------------------|---|

## Section 3: Reply to Facts/Reasons and Reliefs Claimed

The sub-headers in red refers to the sub-headers (and the corresponding reference) in the Originating Application (“OA”).

If you disagree with any part of the OA, you must state the correct information or give your reasons. To do so, you may select the applicable option and state your reasons in the free-text box provided.

### Facts or Reasons for Divorce / Judicial Separation / Nullity: Paragraph 7

For the **Respondent**: Complete 9a and 9b.

For the **Co-Respondent** and **Named Person**: Complete 9b only.

- |     |   |                              |  |
|-----|---|------------------------------|--|
| 9a. | <input type="checkbox"/> I agree with<br><input type="checkbox"/> I object to | the application for          | <input type="checkbox"/> divorce<br><input type="checkbox"/> judicial separation |
| 9b. | <input type="checkbox"/> I agree with<br><input type="checkbox"/> I object to | the facts for<br>reasons for | <input type="checkbox"/> nullity   |

If you selected “object” for 9a, 9b or both, complete question 9c.

- 9c. Instead, I state as follows:  
(State the facts or reasons which you **agree** and **disagree** with.)

Enter details here.

*In this free-text box, refer to each statement in the OA by their paragraph numbers.*

*You must state clearly which facts / reasons you agree with.*

*For the facts / reasons which you disagree with, state your version of the facts / reasons.*

*E.g. I disagree with paragraph [x] of the Originating Application. [explain why or state your version].*

*For Co-Respondent and Named Person, you are only required to respond to the statements in Paragraph 7 of the OA which are relevant to you.*

10. Reliefs claimed:

The  Respondent  Co-Respondent  Named Person asks that:

(a)  the Originating Application be dismissed.

(b) Costs

*Select one.*

No orders as to costs.

Each party to bear own costs.

Costs to be paid by

Enter name or party type here.

Costs to be reserved to

Enter event here.

Others:

Enter details here.

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*

## Section 4: Certification by Respondent / Co-Respondent / Named Person and Counsel

To be completed by the Respondent / Co-Respondent / Named Person

I, Enter full name of party here, certify that all the statements made above are true to the best of my knowledge and belief.

X

\_\_\_\_\_  
Signature of Party

Name: Enter full name as per NRIC/Passport here.

Date:

Enter date here.

To be completed by lawyer (if any)

I, Enter full name of counsel here, certify that I have informed the Select party type of his obligation above.

*The applicable options are:  
Respondent / Co-  
Respondent / Named  
Person.*

X

\_\_\_\_\_  
Signature of counsel

Counsel for the Select party type:

Enter name of lawyer and law firm here.

Date:

Enter date here.

P.2, r.7 FJ(G)R 2024  
Para 16(1)(a) PD 2024

## Request for Trial Hearing Date

This Form is to be used if you would like the Court to fix a Court hearing for your Originating Application for dissolution.

This table sets out the following information:

- (a) the sections within this Form to be completed
- (b) other Forms which are commonly filed together; and
- (c) the party who must complete the Forms.

|  | Party who must complete the Section(s)/Form(s)                         |   |                                      |                                   |
|--|--|---|--------------------------------------|-----------------------------------|
|  | If the matter is <b>uncontested</b> and the dissolution is granted on: |   |                                      | If the matter is <b>contested</b> |
|  | Originating Application <b><u>ONLY</u></b>                             | Originating Application <b><u>AND</u></b> Cross-Application                           | Cross-Application <b><u>ONLY</u></b> | -                                 |
| Section 1  | Applicant in Originating Application                                   | Applicant in Originating Application  | Applicant in Cross-Application       | Applicant                         |
| Section 2A   | Applicant in Originating Application                                   | Applicant in Originating Application  | Applicant in Cross-Application       | Not applicable                    |
| Section 2B   | Applicant in Originating Application                                   | Applicant in Originating Application  | Applicant in Cross-Application       | Not applicable                    |
| Section 3  | Not applicable   | Not applicable  | Not applicable                       | Applicant                         |
| Other Forms which are commonly filed together          |  |   |                                      |                                   |
| Affidavit for Uncontested Dissolution Hearing (Form 7) | Applicant in Originating Application                                   | Applicant in Originating Application <b><u>AND</u></b> Applicant in Cross-Application | Applicant in Cross-Application       | Not applicable                    |

|   |   |  |   |                       |
|---|---|--|---|-----------------------|
| <p>Notice of Withdrawal / Discontinuance (Form 111)</p> | <p>Respondent to withdraw:<br/> (a) Reply to Originating Application<br/> (b) Cross-Application</p> | <p>Parties to withdraw their respective Reply to Originating Application / Cross-Application</p> | <p>Applicant in Originating Application to withdraw:<br/> (a) Originating Application<br/> (b) Reply to Cross-Application</p> | <p>Not applicable</p> |
| <p>Draft Ancillary Reliefs Order (Form 8)</p>           | <p>Applicant in Originating Application</p>   | <p>Applicant in Originating Application</p>  | <p>Applicant in Cross-Application</p>   | <p>Not applicable</p> |

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

## Section 1: Request for Trial / Hearing Date

By filing this Request, you are requesting that the Court fixes a hearing date for your matter.

### State the relevant cases

1.  I am the Applicant in Enter case number here  
(this “application”).  
 I am the Respondent in Enter case number here  
(the Originating Application).
2. I am making this Request because
  - a.  the Applicant has failed to file this Request within the timelines in the Rules.
  - b.  the Applicant failed to file this Request within the time directed by the Court.
  - c.  I am filing within the timelines in the Rules
  - d.  the Court has allowed me to file this Request.
  - e.  Others:  

Enter reasons here.
3.  There is a Cross-Application in relation to the same marriage in Enter case number here (“Cross-Application”).

### If the matter is uncontested

4.  This application is uncontested.  
 This application and Cross-Application are uncontested.
5. I request for a hearing date (without parties’ attendance) to be fixed for
  - this application.
  - both this application and Cross-Application.
6. I understand that if the documents are not in order, the Court may reject this application or fix the application for a hearing at which the parties’ attendance is required.

### Notes

*In this Request, the Applicant refers to the Applicant in the Originating Application. The Respondent refers to the Respondent in the Originating Application.*

*Options (a) and (b) are intended for the Respondent who wishes to proceed when Applicant has not taken active steps in the proceedings.*

*Options (c) and (d) are intended for the Applicant.*

*The respective Applicant(s) (ie. the Applicant in the Originating Application and the Applicant in the Cross-Application (if applicable)) will be required to file an Affidavit for Uncontested Dissolution Hearing (Form 7) in their respective Originating Application or Cross-Application case files.*

*Proceed to Section 2A: Matter is uncontested*



**If the matter is contested**

- 7.  This application is contested.  
 This application and Cross-Application are contested.
- 8. I request for a trial to be fixed for  
 this application.  
 both application and Cross-Application.

*Proceed to Section 3: Matter is contested*

**Section 2A: Matter is Uncontested**

Complete Parts A, B or C in Section 2A as required.

If the matter is uncontested by agreement, complete Part A.

If the matter is uncontested because the Respondent failed to respond or the Respondent could not be served, complete Part B.

If the Respondent responded to service but failed to take further steps to contest the matter, complete Part C.

**Part A: Agreement**

- 1.  Both parties agree that the dissolution will proceed on an uncontested basis on:  
 this application (Enter Amendment No. here, if applicable) filed on Enter date here.  
 this application (Enter Amendment No. here, if applicable) filed on Enter date here and the Respondent’s Cross-Application (Enter Amendment No. here, if applicable) filed on Enter date here.
- 2.  Both parties agree to withdraw/discontinue  
 the Reply to this application.  
 the Reply to the Cross-Application.  
 the Cross-Application.

Complete and file the Notice of Withdrawal / Discontinuance (Form 111) into the respective case file if you are withdrawing any of these document(s):

- a. Originating Application
- b. Cross-Application
- c. Reply to the Originating Application
- d. Reply to the Cross-Application.

Notes

*If the agreement is to proceed on Amended Originating Application, state the relevant Amendment No. (e.g., Amendment No. 1).*

*You must withdraw the Reply before the matter is considered uncontested. If a Cross-Application was filed and parties agree to proceed only on this application, the Respondent must also discontinue the Cross-Application.*

*If the Court has allowed the withdrawal / discontinuance before this Request, do not select option 2.*

**Part B: Service / Dispensation of Service**

Select all the applicable options.

3.  An Affidavit of Service was filed on these dates to show that service was effected on the following persons:

| Person                                     | Date of filing of Affidavit of Service |
|--|--|
| <input type="checkbox"/> the Respondent    | Enter date here.                       |
| <input type="checkbox"/> the Co-Respondent | Enter date here.                       |
| <input type="checkbox"/> the Named Person  | Enter date here.                       |

*Select this option if service was done pursuant to the Family Justice (General) Rules 2024 or a Court order and no response was received.*

4.  The Respondent  
 The Co-Respondent  
 The Named Person  
 did not file any of these Court documents within the timelines in the Family Justice (General) Rules 2024:  
 (a) Acknowledgment of Service.  
 (b) Notice to Contest.  
 (c) Summons to dispute jurisdiction.

*If you have received a Court document from the person to be served, you should select an option under Part C: Court document received instead.*

5.  The Court has made an order dispensing with service on the following persons on these dates:

| Person                                     | Date of order dispensing with service |
|--|---------------------------------------|
| <input type="checkbox"/> the Respondent    | Enter date here.                      |
| <input type="checkbox"/> the Co-Respondent | Enter date here.                      |
| <input type="checkbox"/> the Named Person  | Enter date here.                      |

### Part C: Court document received

6.  The following persons filed / returned a Notice to Contest on these dates but failed to file a Reply within the timelines in the Family Justice (General) Rules 2024:

| Person                                     | Date of filing of Notice to Contest |
|--|-------------------------------------|
| <input type="checkbox"/> the Respondent    | Enter date here.                    |
| <input type="checkbox"/> the Co-Respondent | Enter date here.                    |
| <input type="checkbox"/> the Named Person  | Enter date here.                    |

*Select this option if the person filed a Notice to Contest but failed to file a Reply.*

7.  The following persons filed / returned an Acknowledgment of Service on these dates but failed to file a Notice to Contest within the timelines in the Family Justice (General) Rules 2024:

*Select this option if the person filed an Acknowledgment of Service but failed to file a Notice to Contest.*

| Person                                     | Date of filing / returning of Acknowledgment of Service |
|--|---|
| <input type="checkbox"/> the Respondent    | Enter date here.  |
| <input type="checkbox"/> the Co-Respondent | Enter date here.  |
| <input type="checkbox"/> the Named Person  | Enter date here.  |

## Section 2B: Matter is Uncontested

### Summons to shorten time between Interim Judgment and Final Judgment

Do you require the Court to determine any summons relating to the grant of Interim Judgment at the same time?

- No.
- Yes. *Provide the summons number and answer the next question:*  
Enter summons number here.

Does the responding party consent to the summons?

- No.
- Yes.

*This applies if you have filed a summons to shorten the time between Interim Judgment and Final Judgment.*

*If the summons is not by consent, this summons will be fixed for hearing after the hearing date for dissolution.*

### Ancillary Matters

Complete all the questions below unless you have selected an option which directs you to skip to another question/section.

- Are there ancillary matters?
  - No. *Skip the subsequent questions and proceed to sign below.*
  - Yes.
- Is there an agreement on all or some of the ancillary matters?
  - No. There is no agreement on any ancillary matters. *Proceed to question 3.*
  - Yes. *Skip question 3. Please also file the Draft Ancillary Reliefs Order (Form 8) for the agreed ancillary matters into the same case file as this Request.*

- Some.** There is no agreement on the following paragraphs of the Originating Application for [Select the applicable option]  and the corresponding reliefs in the Cross-Application:

Enter paragraph numbers here.

*Proceed to question 3. Please also file the Draft Ancillary Reliefs Order (Form 8) for the agreed ancillary matters along with this Request.*

3. *Complete this question if your answer to question 2 is “No” or “Some”.*

Do parties agree to attend mediation for ancillary matters?

- No.  
 Yes.

**X**

Signature of \_\_\_\_\_

- Enter party type here. \_\_\_\_\_  
 Counsel for the Enter party type here. \_\_\_\_\_  
 Enter name of law firm and lawyer here. \_\_\_\_\_

Date: Enter date here. \_\_\_\_\_

*If you select “Some”, please refer to the Originating Application under “Reliefs Claimed” and identify the ancillary matters which you have not agreed on. E.g., paragraphs 8(d) and 8(e).*

*The applicable options are: Divorce / Nullity / Judicial Separation / Presumption of Death and Divorce.*

*If you are represented by a lawyer, you are not required to sign this form. Instead, your lawyer may sign this form on your behalf.*

### **Section 3: Matter is Contested**

1. **Length of trial**

The trial will take Enter number here days.

2. **Number of witness(es)**

The Applicant has Enter number here witness(es) other than the Applicant.

The Respondent has Enter number here witness(es) other than the Respondent.

Notes

*You may indicate the number of days as: 1, 1.5, 2, 2.5 and so on.*

The Co-Respondent has Enter number here witness(es) other than the Co-Respondent.

**3. Interpretation required**

No interpretation is required for the trial.

This witness(es) will require interpretation in the following language(s):

| Party / Witness            | Interpretation required |
|----------------------------|-------------------------|
| Enter name of person here. | Enter language here.    |
| Enter name of person here. | Enter language here.    |
| Enter name of person here. | Enter language here.    |
| Enter name of person here. | Enter language here.    |

**4. Affidavit of Evidence-in-Chief (“AEIC”) filed**

The total number of AEIC(s) filed for each party is:

| Party                                      | Number of AEIC(s) |
|--|-------------------|
| The Applicant                              | Enter no. here.   |
| The Respondent                             | Enter no. here.   |
| The Co-Respondent in this Application      | Enter no. here.   |
| The Co-Respondent in the Cross-Application | Enter no. here.   |

**5. Order to attend Court**

I will be making an application for the Court to order witness(es) to attend the trial.

*Complete and file the relevant Pre-Trial Form(s) (Form 101).*

**X**

\_\_\_\_\_  
Signature of

- Enter party type here.
- Counsel for the Enter party type here.  
Enter name of law firm and lawyer here.

*Please note that the Court will only provide interpreters for the following languages: Mandarin, Malay, Tamil and Chinese dialects (Cantonese, Hakka, Hokkien or Teochew).*

*File a Request for Hearing Administrative Support for the Court to provide a translator in these languages.*

*For all other languages, the parties are to engage their own interpretation services.*

*If you are represented by a lawyer, you are not required to sign this form. Instead, your lawyer may sign this form on your behalf.*

Date: Enter date here.

|

Para 17(1) PD 2024

## Affidavit for Uncontested Dissolution Hearing

This Form is to be used only if your case meets all of these conditions:

- (a) there is an application for Divorce, Judicial Separation or Nullity;
- (b) the application in (a) is **uncontested**;
- (c) the application in (a) is **NOT** filed under **simplified** track.

Who can use this Form?

- (a) the Applicant in the Originating Application.
- (b) the Applicant in the Cross-Application.

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

### Section 1: Affidavit

Name of maker: Enter full name as per NRIC/ Passport here.  
 Identity No.: Enter NRIC/ FIN/ Passport no. here.  
 Address: Enter address here.  
 Occupation: Enter occupation here.

1. I am the Applicant in Enter case number here (“this application”).
2. Where the facts set out in the documents below are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

| Title of document  | Amendment (if any)        | Date of Filing   |
|--|---------------------------|------------------|
| <input type="checkbox"/> Originating Application             | Enter amendment no. here. | Enter date here. |
| <input type="checkbox"/> Affidavit of Split Care and Control | NA                        | Enter date here. |
| <input type="checkbox"/> Enter name of document here.        | Enter amendment no. here. | Enter date here. |

#### Notes

*If the dissolution is to proceed on both Originating Application and Cross-Application, the Applicant in the Cross-Application must also affirm the Cross-Application.*

3.  I have attached the evidence to support this application.  
Complete **Section 3: Exhibit Content Page**.

*If you are relying on a Private Investigator's (PI) report to support this application, you must exhibit the PI report.*

## **Section 2: Affirmation**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## **Section 3: Exhibit Content Page**

Please refer to the Generic Affidavit (Form 54) for the exhibit content and cover pages to be included in your affidavit (where applicable).



P.15, r.35 FJ(G)R 2024,  
Para 17(3), 21(1) PD 2024

## Draft Ancillary Reliefs Order

This Form is used if all of the following criteria is satisfied:

- (a) There is an agreement on ancillary matters in any of the following matters:
  - i. Originating Application for Divorce / Judicial Separation / Nullity; or
  - ii. Originating Application for Financial Relief (after foreign divorce or Syariah Court divorce).
- (b) The agreement is to be recorded as a Court order.
- (c) There are pending Court proceedings or you intend to commence proceedings to record the agreement.

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

### Section 1: General

#### Relevant case

**State the main case number:** Enter main case number here.

#### Notes

*The case number should have the following prefixes:  
OAD or OAF*

#### Part A: Bankruptcy Status

For Part A, use the information in the following document. The information is accurate:

- Originating Application for Divorce / Judicial Separation / Nullity
- First Ancillary Affidavit filed on Enter date here.

*If both options are possible, select the latest version.*

*If the above is not applicable, complete the questions below.*

1a. Are you an undischarged bankrupt?

- Yes. Proceed to question 1c.
- No. Proceed to question 1b.

*If you are or your spouse is an undischarged bankrupt, you must obtain approval for the draft order from the Official Assignee.*

1b. Are there pending bankruptcy proceedings filed against you?

- Yes.
- No.

*Proceed to question 1c.*

- 1c. Is your spouse an undischarged bankrupt?
- Yes. *Proceed to question 2.*
- No. *Proceed to question 1d.*
- 1d. Are there pending bankruptcy proceedings filed against your spouse?
- Yes.
- No.

*If there are matrimonial assets to be divided, proceed to **Part B**.  
Otherwise, proceed to **Part C**.*

### **Part B: Asset Pool (If there are matrimonial assets to be divided)**

- 2a. Does the agreement concern any property in which CPF monies is used and will require any of the following action to be taken:
- (a) Sell in the open market
- (b) Surrender to HDB
- (c) Transfer to another party with full refund of outgoing owner's CPF monies
- (d) Sale of part-share to another party with full refund of outgoing owner's CPF monies?

- Yes. **Mandatory:** *Complete the CPF Checklist (Form 9) and annex to this Draft Ancillary Reliefs Order.*
- No.

- For questions 2b and 2c, use the information in the following document. The information is accurate:
- Originating Application for Divorce / Judicial Separation / Nullity
- First Ancillary Affidavit filed on Enter date here.

*If both options are possible, select the latest version.*

*If the above is not applicable, complete the questions 2b and 2c below.*

- 2b. Based on my estimate, the total **gross** value of matrimonial assets which the Court is required to determine is:
- Less than S\$2 million
- Between S\$2 million and S\$4.99 million
- At least S\$5 million
- 2c. At least 1 **immovable asset** in the asset pool is wholly or partially owned by someone (i.e. third party) other than my spouse and I.
- Yes

*Gross value: Market value of all assets without deducting outstanding liabilities and debts, e.g. gross value of an immovable asset = market value without deducting the loan.*

*If the third party holds the asset jointly with you or your spouse, select "Yes".*

No

*If you are asking for orders relating to children, proceed to **Part C**.  
Otherwise, proceed to **Section 2**.*

**Part C: Children Orders** (If you are asking for orders on “Custody, care and control / Access”)

3a. Are parties seeking orders for split care and control of the children?

No

Yes. Complete and file the Affidavit of Split Care and Control (Form 10).

*Split care and control applies only if there is more than one child (eg. X and Y), and one parent will have primary care of X while the other parent will have primary care of Y.*

**Section 2: Orders Sought**

Select the applicable categories and enter your preferred orders.

In this Section, some commonly used orders (pre-populated orders) are provided for your selection. Select these orders ONLY if these are completely in line with your agreed terms. If you select the pre-populated orders, the orders will be auto-generated for your consideration.

If the pre-populated orders are not suitable, you may refer to the Family Orders Guide for other type of orders.

**I am seeking these orders:**

1.  Division of assets

**Pre-populated Order(s)**

|                     |                     |
|---------------------|---------------------|
| Address of property | Enter address here. |
|---------------------|---------------------|

1a.  Sale of asset in the open market

|                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| What type of immovable asset? | What happens to the proceeds? | How should the balance be divided? |
|-------------------------------|-------------------------------|------------------------------------|

|   |   |   |
|---|---|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Proceeds will be used to first:<br>(a) to make full payment of the outstanding housing loan, if any;<br>(b) to pay the HDB resale levy (if applicable);<br>(c) to pay the requisite CPF refunds in accordance with applicable CPF laws to owners' CPF accounts, if any;<br>(d) to pay all costs and expenses incidental and relating to the sale of the property. | Applicant:<br><u>Enter % here.</u><br>Respondent:<br><u>Enter % here.</u> |
|---|---|---|

Timeframe for transfer: within Enter no. of months of Final Judgment.

1b.  Transfer of asset from one party to another party

| What type of immovable asset?   | Who transfers and receives?  | Who is to make <b>full</b> refund of the outgoing owner's CPF monies?     |
|---|--|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Party to transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><br>Party to receive transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent |

Timeframe for transfer: within Enter no. of months of Final Judgment.

Who pays for costs of transfer:

- Applicant
- Respondent

1c.  Each party shall retain all other assets in their respective names.

- 1d. **Other Order(s)**  
 Enter your own orders below.

|                    |
|--------------------|
| Enter orders here. |
|--------------------|

Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The flat shall be transferred to the Respondent (instead of "my spouse").

**2.  Maintenance for spouse  
 (Not applicable for financial relief after Syariah Court divorce)**

**Pre-populated Order(s)**

- 2a.  Monthly maintenance

| Which party is to pay maintenance?  | Which party is the maintenance for?                                       | Monthly amount to be paid |
|---|---|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.  
 Recurring payment date: Enter date here.

- 2b.  Payment to the party's bank account

| Whose bank account? | Which bank? | Account number |
|---------------------|-------------|----------------|
|                     |             |                |

|   |                          |                                 |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |
|---|--------------------------|---------------------------------|

2c.  There shall be no maintenance for the  Applicant  Respondent.

2d. **Other Order(s)**

Enter your own orders below.

|                    |
|--------------------|
| Enter orders here. |
|--------------------|

Use these references to prepare the orders:  
I = Applicant  
My spouse = Respondent  
Eg. The order should read:  
There shall be no maintenance for the Respondent (instead of "my spouse").

3.  Maintenance for child(ren)  
(Not applicable for financial relief after Syariah Court divorce)

**Pre-populated Order(s)**

3a.  Monthly maintenance

| Which parent is to pay maintenance?                                       | Which child(ren) is the maintenance for?   | Monthly amount to be paid |
|---|--|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Each child<br><input type="checkbox"/> The child<br><input type="checkbox"/> The children | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.

Recurring payment date: Enter date here.

- 3b.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

- 3c. **Other Order(s)**  
 Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The Respondent (instead of "my spouse") shall pay \$x as monthly as maintenance for the children.*

**Child(ren)'s arrangements**  
 4. **(Not applicable for financial relief after foreign divorce OR Syariah Court divorce)**

**Custody**

State who is to have custody of the children:

**Pre-populated Order(s)**

- 4a.  Both parties to have joint custody of the child(ren) of the marriage, namely
- all children: Enter full names as per NRIC/Passport here
  - Child's name: Enter full name as per NRIC/Passport here

4b. **Other Order(s)**  
 Enter your own orders below.

Enter orders here.

Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The Applicant (instead of "I") shall have sole custody of the children of the marriage.

**Care and control**

State who is to have care and control of the children:

**Pre-populated Order(s)**

|     | Which parent is to have care and control?  | Which child(ren) does this care and control arrangement apply to?  |
|-----|--|--|
| 4c. | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> <u>Enter full name as per NRIC/Passport here</u>                                 | shall have care and control of the child(ren) of the marriage, namely  |
|     | <input type="checkbox"/> All children: <u>Enter full name as per NRIC/Passport here</u><br><br><input type="checkbox"/> Child's name: <u>Enter full name as per NRIC/Passport here</u> |  |
|     | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> <u>Enter full name as per NRIC/Passport here</u>                                 | <input type="checkbox"/> All children: <u>Enter full name as per NRIC/Passport here</u><br><br><input type="checkbox"/> Child's name: <u>Enter full name as per NRIC/Passport here</u> |



- 4d. **Other Order(s)**  
 Enter your own orders below.

Enter orders here.

Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The Applicant (instead of "I") shall have care and control of the children.

**Access**

State the access orders and any other orders related to the child(ren)'s arrangements:

**Pre-populated Order(s)**

- 4e.  Reasonable access

| Which parent is to have access?  | Which child(ren) does this access arrangement apply to? |
|--|---|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> <u>Enter full name as per NRIC/Passport here</u> | The children  |

4f.  Weekly access

| Which parent is to have access?  | Which child(ren) does this access arrangement apply to? | Details of access  |
|--|---|--|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> <u>Enter full name as per NRIC/Passport here</u> | The child(ren)  | Start of access:<br><u>Enter day here</u> at <u>Enter time here</u> .<br><br>End of access:<br><u>Enter day here</u> at <u>Enter time here</u> . |

4g. **Other Order(s)**  
*Enter your own orders below.*

Enter orders here.

*Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The Respondent (instead of "my spouse") shall have reasonable access to the children from [day] at [time] to [day] at [time].*

5.  Others

**Pre-populated Order(s)**

- 5a.  Parties shall be at liberty to apply.  
 5b.  That there shall be no orders as to costs of the proceedings.

5c. **Other Order(s)**  
Enter your own orders below.

Enter orders here.

Use these references to prepare the orders:  
I = Applicant  
My spouse = Respondent  
Eg. The order should read: The Respondent (instead of "my spouse") shall return the sum of \$x to the Applicant (instead of "I").

### **Section 3: Signature for Consent**

If this Form is to be filed **together** with the Originating Application for Simplified Divorce / Judicial Separation, you do **not** need to complete this Section. Instead, complete Section 9A and Section 9B in the Originating Application for Simplified Divorce / Judicial Separation.

In all other circumstances, complete this Section before filing the Form.

This Section may be used by more than 1 person to indicate their consent if the **same options** apply to all persons. Otherwise, use a separate Section 3 for persons with different options selected.

Notes

By signing this document, each person in clause 4 states as follows:

1. I understand the nature and effect of the orders sought in this Form.

2. I have read and understood the contents of the orders sought in this Form.
3. I consent to the making of the orders sought in this Form.

**4. Person(s) signing this consent:**

| <b>Name</b>                                | <b>NRIC/ FIN/ Passport number</b>   | <b>Singapore address or e-mail address</b>      | <b>Party type in proceedings</b><br>(e.g. Respondent / Co-Respondent / Named Person) |
|--|-------------------------------------|---|--|
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter Singapore address or e-mail address here. | Enter party type here.   |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter Singapore address or e-mail address here. | Enter party type here.   |
| Enter full name as per NRIC/Passport here. | Enter NRIC/ FIN/ Passport no. here. | Enter Singapore address or e-mail address here. | Enter party type here.   |

Please note that each person listed here, or his/her lawyer (if any), is to provide his/her signature below.

**To be completed if you are acting in-person**

I acknowledge that I have considered this application and have been informed by the other party's lawyer of my right to seek independent legal advice.

*Select this option if you are **not** represented by a lawyer **and** the other party is represented by a lawyer.*

If you are not represented by a lawyer, you are required to sign this form before a Commissioner for Oaths.

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

**To be completed by lawyer (if any)**

**X**

Signature of

Counsel for the  
Respondent/ Co-Respondent/ Named Person

*If you are represented by a lawyer, you are not required to sign this form. Instead, your lawyer may sign this form on your behalf.*

*If this is completed by your lawyer, your lawyer should update your records in eLitigation to ensure that he*

Enter name of law firm and lawyer's name here.

Date:

Enter date here.

*is the lawyer on record. Otherwise, the Court may require you to sign this document personally.*

## **Section 4: Supporting Documents**

File the applicable supporting documents together with the duly signed Draft Ancillary Reliefs Order.

|    | <b>Scenarios</b>   | <b>Supporting document(s) to include:</b>   |
|----|--|---|
| 1. | You are not using the information on your / your spouse's bankruptcy status from the Originating Application or First Ancillary Affidavit.   | (a) My bankruptcy search results from the Ministry of Law's Insolvency Office<br>(b) My spouse's bankruptcy search results from the Ministry of Law's Insolvency Office |
| 2. | You or your spouse is an undischarged bankrupt   | Approval from the Official Assignee to the terms of the draft Order   |
| 3. | The agreement requires parties to sell, transfer or surrender a property in which CPF monies is used<br><br>AND<br><br>there is to be a full or partial refund of CPF monies (which is not stated as a fixed sum). | CPF Checklist (Form 9) signed by both parties   |
| 4. | Parties seeking orders for split care and control of the child(ren)  | Affidavit of Split Care and Control (Form 10)   |

The list is non-exhaustive – If the Court requires any other relevant information or documents to consider before granting the consent judgment or order, you may be required to provide such other relevant information or documents by way of an affidavit. You may incur additional fees as a result.

## CPF Checklist For Consent Orders For Disposal or Transfer of Properties Funded With CPF Moneys

8. This Form is to be used if:
- a) You or the other party are going to apply for a **consent order** (“**Order**”) dealing with changes in ownership (e.g. sell, transfer etc.)<sup>1</sup> of a property (the “**Property**”) under section 112 or 121G of the Women’s Charter 1961; **and**
  - b) Central Provident Fund (“**CPF**”) moneys have been withdrawn from any CPF account(s) in respect of the Property and/or the Property has been pledged to make up your or the other party’s applicable retirement sum (applicable only if you are aged 55 and above).
9. The signed Checklist must be submitted to the courts at the same time as when you are submitting the Draft Ancillary Reliefs Order (Form 8) or Consent (General) (Form 108A).
10. You do **not** need to sign this Checklist if the order is for the Property to be transferred (other than by way of sale) with a **fixed amount of** CPF refund (eg. \$20,000) or **no** CPF refund.

### Important Notes:

- A. Once the courts have granted the Order, please refer to the CPF website under “Account Services > Division of CPF assets in a divorce > FAQs” to determine if the Order needs to be served on the Central Provident Fund Board<sup>2</sup> (the “**CPF Board**”). If so, please serve it promptly before the change in ownership of the Property.
- B. Changes in ownership of any HDB Flats will be subject to HDB rules and regulations.
- C. For more options on the division of CPF-related matrimonial assets, e.g. transferring a property (other than by way of sale) with partial or no refunds, please refer to the CPF Board’s Suggested Clauses in Order of Court available at the Singapore Courts’ website.
- D. For housing options post-divorce, please use the online calculators on HDB’s and CPF Board’s websites to guide you on the housing type that is suitable for you. If you are retaining the Property, please ensure you have adequate finances, including adequate ability to service your monthly housing instalments.

<sup>1</sup> Including sale, surrender, assignment, transfer other than by way of sale, compulsory acquisition and other changes in ownership of the Property.

<sup>2</sup> Please refer to:

(a) Regulation 7 of the CPF (Division of Fund-Related Assets in Matrimonial Proceedings) Regulations; and

(b) Regulation 13 of the CPF (Lifelong Income Scheme) Regulations.

Parties/lawyers are required to serve the sealed copy of the order of court on the CPF Board in the manner stated in the Regulations.

## Section 1: Checklist

Tick to indicate your agreement.

|    |  | Applicant                | Respondent               |
|----|--|--------------------------|--------------------------|
| 1. | I understand that the required CPF refunds must be made according to CPF laws dealing with refund of CPF moneys <u>at the time of completion of the transaction leading to the change in ownership of the Property.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <p>I understand that the total amount to be refunded upon sale of the Property, or transfer of the Property other than by way of sale with full CPF refunds, will generally be:</p> <p>a) the total amount(s) of CPF moneys used to buy the Property together with accrued interest; <b>and</b></p> <p>b) any amount(s) for which the Property is pledged (if applicable) in order to make up the applicable retirement sum<sup>3</sup>.</p> <p>I understand that the transaction leading to the change in ownership of the Property cannot be completed if the required CPF refunds have not been made. If the proceeds are not enough to make the full required CPF refunds, the shortfall must be topped up in one lump sum in cash on the date of completion of the Property transaction.</p> <p><i>Notes:</i></p> <p>(i) If the Property is sold at or above market value <b>and</b> the sales proceeds after paying the outstanding housing loan (and HDB resale levy if applicable) are not enough to refund (a) plus (b), the shortfall need <b>not</b> be topped up in cash.</p> <p>(ii) The amount of required CPF refunds may differ depending on the transaction leading to change in ownership of the Property. For information on the required CPF refunds from the <b>sale of part share</b> of the property or <b>other Property transactions not stated here</b> (e.g. surrender, compulsory acquisition etc.), please refer to the CPF Board's website or contact the CPF Board.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

<sup>3</sup> For parties aged 55 and above, the Property may have been pledged under the CPF Act to make up the applicable retirement sum. Please check with the other co-owners and the CPF Board as to whether any CPF refunds need to be made in respect of the pledge.

|    |   |   |   |
|----|---|---|---|
|    |   |   |   |
| 3. | <p>I have checked<sup>4</sup> and I know the following:</p> <ul style="list-style-type: none"> <li>a) the total amount(s) of CPF moneys used to buy the Property together with accrued interest;</li> <li>b) any amounts for which the Property is pledged (if applicable) in order to make up the applicable retirement sum; and</li> <li>c) that I have to share CPF information with the other party as required by the, Family Justice Courts Practice Directions and the courts.</li> </ul>  | □ | □ |
| 4. | <p>I know that until the date of the transaction leading to the change in ownership of the Property;</p> <ul style="list-style-type: none"> <li>a) the amount of CPF moneys used for the Property may increase due to more CPF withdrawals being made or decrease due to voluntary housing refunds being made;</li> <li>b) interest will continue to accrue on the amount of CPF moneys used until the date of <u>completion of the transaction leading to the change in ownership</u>; and</li> <li>c) there may be refunds from financiers if excess CPF moneys have been paid to them.</li> </ul> <p>As a result the amount to be refunded may be different on the date of completion of the transaction leading to the change in ownership as compared to the amount calculated as at the date I signed this Checklist.</p> | □ | □ |

**IMPORTANT:** Please note that every case depends on its facts and is subject to prevailing laws, including CPF rules and regulations, as may be amended from time to time. If you are in doubt, please contact the CPF Board for clarifications on CPF-related matters.

## **Section 2: Signature**

<sup>4</sup> Parties should frequently check the updated information in their CPF account(s) as all such information would be current as at the date of viewing and may vary over time. Parties can access their CPF housing information by logging in to [cpf.gov.sg/homeownershipdashboard](http://cpf.gov.sg/homeownershipdashboard).



**For the Applicant's completion**

I have read and understand this Checklist.

X

\_\_\_\_\_  
Signature of

Name: Enter full name as per NRIC here.

NRIC: Enter NRIC here.

Date: Enter date here.

**For the Respondent's completion**

I have read and understand this Checklist.

X

\_\_\_\_\_  
Signature of

Name: Enter full name as per NRIC here.

NRIC: Enter NRIC here.

Date: Enter date here.

Para 21(1) PD 2024

## Affidavit of Split Care and Control

This Form is used if you and the other parent **have agreed** that you will each care for different children. This Form should be completed and filed at the same time when you submit the Draft Ancillary Reliefs Order (Form 8), Consent (General) (Form 108A) or Originating Application for Divorce / Judicial Separation (Simplified) (Form 2A) setting out the orders sought for the children.

This Form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

Please complete all questions unless stated otherwise.

### Section 1: Introduction

State the main case number: Enter case number here.

*Notes*

Name of maker: Enter full name as per NRIC/ Passport here.

Identity No.: Enter NRIC/ FIN/ Passport no. here.

Address: Enter address here.

Occupation: Enter occupation here.

- 1a. I am / We are
- the Applicant in Enter main case number here.
- the Respondent in Enter main case number here.
- Enter name or party type here in Enter main case number here.

*You may refer to the Originating Application for your party type.*

*Please state the OA case number i.e. FC/OAD 1/2022 and not the sub-case number. You are not required to provide a case number if this affidavit is filed with an Originating Application.*

- 1b. This affidavit is in support of the ancillary reliefs sought for the children.

- 1c. Where the facts in this affidavit are within  my  our personal knowledge, they are true. Where they are not within  my  our personal knowledge, they are true to the best of  my  our knowledge, information and belief.

## Section 2: Statement

### PART A – Statement to support my summons / application

1. I refer to the **Select the applicable option which sets out the orders I am seeking for the minor children.**
  
2. The details of the minor children are also set out in the
  - Originating Application for Divorce.
  - Originating Application for Judicial Separation.
  - First Ancillary Affidavit.
  - Originating Application for Children orders.
  - Summons for Children orders.
  - Others: Enter details here.
  
3. I and the other parent of the children have agreed that we shall each care for different children (i.e. split care and control).
  
4. The intended living arrangements for the children are set out here:

|  |  |                     |
|--|--|---------------------|
| The living arrangements below apply to:  |  |                     |
| <input type="checkbox"/> Child(ren): Enter full name as per NRIC/Passport here |  |                     |
| (a)  | State who the child(ren) will live with in future:   | Enter details here. |
| (b)  | Provide brief details of this arrangement:   | Enter details here. |
| (c)  | State the contact which the child(ren) will have with the parent who is not living with the child(ren):<br><br>Provide details such as frequency and | Enter details here. |

#### Notes

*Applicable options are:  
Draft Ancillary Reliefs Order / Consent (General) / Originating Application for Divorce (Simplified) / Originating Application for Judicial Separation (Simplified).*

|  |                    |  |
|--|--------------------|--|
|  | length of contact. |  |
|--|--------------------|--|

5. The reasons for this split care and control arrangement are:

Enter details here.

6. The arrangements will be in the best interests of the children for these reasons:

Enter details here.

7. I understand the importance of maintaining the familial ties between the siblings. I believe the sibling relationships will be preserved with these steps:

Enter details here.

### **Section 3: Summary of Claim**

I am asking that the Court grants the split care and control orders in relation to the children.

Notes

## Section 4: Affirmation

- I have affirmed to the truth of this Affidavit through the Originating Application for  Divorce  Judicial Separation (Simplified).

### Notes

*If this Affidavit is filed together with the Simplified Originating Application for Divorce / Judicial Separation (Simplified), you **do not** need to affirm this Affidavit separately.*

If this Affidavit is filed separately from the Originating Application for Divorce / Judicial Separation (Simplified), you are required to sign this form before a Commissioner for Oaths.

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## Section 5: Exhibit Content Page

Please refer to the Generic Affidavit (Form 54) for the exhibit content and cover pages to be included in your affidavit (where applicable).

## Interim Judgment / Judgment of Judicial Separation

*Order is valid only if engrossed with the seal of the Court and signature of the Registrar*

(Title as in action)

Date of order: Enter date here.

Hearing Judge: Select the applicable option<sup>1</sup> Enter name of judicial officer here.

Nature of hearing: In  Court  Chambers

Parties present:  Applicant  Applicant's counsel  
 Respondent  Respondent's counsel  
 Hearing on paper. No parties are present.<sup>2</sup>

Marriage details: Date of solemnisation of marriage: Enter date here.  
Country of solemnisation: Enter country here.

### Orders made:

Paragraph 8(a) of FC/OA [Enter case number here] is granted.

*[If granted on Application & Cross-Application]* Paragraph 8(a) of FC/OA [Enter case number here] is granted.

### For use if an Interim Judgment is granted

Unless sufficient cause is shown to the court within [3] months from the date of this Judgment why such Judgment should not be made final, [insert the relevant option from A, B, C, D below]

#### A. [Divorce]

The marriage is dissolved on the ground that the marriage has irretrievably broken down.

#### B. [Nullity: Void]

The marriage is declared void by reason that it is not a valid marriage under [section 3(4) / 5 / 9 / 10 / 12 / 22 / 11/ 11A / 108] of the Women's Charter 1961.

The marriage is declared void.

#### C. [Nullity: Voidable]

<sup>1</sup> The applicable options are: District Judge / Judicial Commissioner / Judge.

<sup>2</sup> Applicable if the Court dealt with the application without an oral hearing.

The marriage is declared voidable by reasons of [section 106 / 108] of the Women's Charter 1961.

The marriage is declared voidable.

D. [Presumption of death and divorce]

The Respondent is presumed dead and the marriage is dissolved.

**For use if a Judgment of Judicial Separation is granted**

A Judgment of Judicial Separation is granted on the ground that the marriage has irretrievably broken down.

**For use if Ancillary orders are made**

Ancillary orders made:

1. Paragraph [Enter number here] of FC/OA [Enter case number here] and paragraph [Enter number here] of FC/OA [Enter case number here] be adjourned to chambers.
2. By consent, [Enter the terms of the Draft Ancillary Reliefs Order here].

P.2, r.10, Third Schedule,  
Part 1, Division 4, Item 24  
FJ(G)R 2024

**Final Judgment**  
**(Divorce / Nullity / Presumption of Death & Divorce)**

*Order is valid only if engrossed with the seal of the Court and signature of the Registrar*

(Title as in action)

Date of order:           Enter date here.

Orders made:

No sufficient cause is shown to the court within [3 months / enter time period here] from the Interim Judgment why such Judgment should not be made final.

[insert the relevant options below: A, B, C]

A. [Divorce]

The marriage is dissolved.

B. [Nullity: Void and Voidable]

The marriage is void and the parties are free from all bond of marriage.

C. [Presumption of death]

The Respondent is presumed dead and the marriage is dissolved.



## **Originating Application for Permission to seek Financial Relief after Foreign Divorce**

You are applying for the Court's permission to file an application for financial relief in Singapore after a foreign divorce. You do **NOT** need to serve your ex-spouse with this permission application.

Financial relief refers to: (a) division of immovable assets and movable assets; (b) maintenance for ex-spouse; (c) maintenance for child(ren).

Financial relief does **NOT** include custody, care and control or access orders for minor child.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This form, when submitted to the Court, will be generated in accordance with the layout of the generated Originating Application (Form 53).

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application.

### **IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 ("FJ(G)R 2024"), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- g. explore alternative ways of settling the dispute without resorting to legal action; OR
- h. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

## Section A: Details of Application

Please use Section A1 to A4 (where applicable) in the **Originating Application: Generic Sections (Form 53B)** to provide the details of application.

## Section B: The Parties

Please use Section B in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties' information.

## Section 1: My Application

I am applying for:

1. The Court's permission to file an application for financial relief against Enter name here (Enter identity no. here), the intended Respondent after a foreign divorce.

The orders which I intend to seek are set out in **Annex A**.

(If you are seeking any other relief(s), state them below)

2. State the reliefs which you are claiming here.
3. State the reliefs which you are claiming here.
4. State the reliefs which you are claiming here.

### 5. **Costs of this Application**

- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by:  
Enter name or party type here.

- Costs to be reserved to  
Enter event here.

- Others:

Enter details here.

Notes

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*

**The reasons for this Application are stated in the supporting affidavit.**

## Annex A: Draft orders

Select the applicable categories and enter your preferred orders.

In this Annex, some commonly used orders (pre-populated orders) are provided for your selection. Select these orders ONLY if these are completely in line with your agreed terms. If you select the pre-populated orders, the orders will be auto-generated for your consideration.

If the pre-populated orders are not suitable, you may refer to the Family Orders Guide for other type of orders.

### 1. Division of assets

#### Pre-populated Order(s)

|                            |                     |
|----------------------------|---------------------|
| <b>Address of property</b> | Enter address here. |
|----------------------------|---------------------|

#### 1a. Sale of asset in the open market

| What type of immovable asset?   | What happens to the proceeds?   | How should the balance be divided?  |
|---|---|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Proceeds will be used to first:<br><br>(e) to make full payment of the outstanding housing loan, if any;<br><br>(f) to pay the HDB resale levy (if applicable);<br><br>(g) to pay the requisite CPF refunds in accordance with applicable CPF laws to owners' CPF accounts, if any;<br><br>to pay all costs and expenses incidental and relating to the sale of the property. | Applicant:<br><u>Enter % here.</u><br><br>Respondent:<br><u>Enter % here.</u> |

Timeframe for transfer: within Enter no. of months of Order of Court.

- 1b.  Transfer of asset from one party to another party

| What type of immovable asset?   | Who transfers and receives?  | Who is to make <b>full</b> refund of the outgoing owner's CPF monies?     |
|---|--|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Party to transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><br>Party to receive transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent |

Timeframe for transfer: within Enter no. of months of Order of Court.

Who pays for costs of transfer:

- Applicant  
 Respondent

- 1c.  Each party shall retain all other assets in their respective names.

1d. **Other Order(s)**

Enter your own orders below.

Enter orders here.

Notes

Use these references to prepare the orders:  
 I = Applicant  
 My ex-spouse = Respondent  
 Eg. The order should read:  
 The flat shall be transferred to the Respondent (instead of "my ex-spouse").

**2.  Maintenance for spouse**

**Pre-populated Order(s)**

2a.  Monthly maintenance

| Which party is to pay maintenance?  | Which party is the maintenance for?                                       | Monthly amount to be paid |
|---|---|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.

Recurring payment date: Enter date here.

2b.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

2c.  There shall be no maintenance for the  Applicant  Respondent.

2d. **Other Order(s)**

Enter your own orders below.

Enter orders here.

Notes

Use these references to prepare the orders:

I = Applicant

My ex-spouse = Respondent

Eg. The order should read: There shall be no maintenance for the Respondent (instead of "my ex-spouse").

**3.  Maintenance for child(ren)**

**Pre-populated Order(s)**

3a.  Monthly maintenance

| Which parent is to pay maintenance?                                       | Which child(ren) is the maintenance for?   | Monthly amount to be paid |
|---|--|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Each child<br><input type="checkbox"/> The child<br><input type="checkbox"/> The children | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.

Recurring payment date: Enter date here.

3b.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

3c. **Other Order(s)**  
Enter your own orders below.

Enter orders here.

Notes

Use these references to prepare the orders:  
I = Applicant  
My spouse = Respondent  
Eg. The order should read:  
The Respondent (instead of "my ex-spouse") shall pay \$x as monthly as maintenance for the children.

## Affidavit

Complete all questions and details in Sections 1 to 9 unless otherwise stated.  
The relevant exhibits are to be included at Section 10.

### Section 1: Introduction

Name of maker: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.  
Occupation: Enter occupation here.

1a. I am the Applicant.

- 1b. This affidavit is in support of the Originating Application.
- 1c. Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

## Section 2: General

### Marriage details

2a. **Date of solemnisation of marriage:**

Enter date here.

2b. **Country of solemnisation:**

State country here.

2c. **Ex-spouse's details:**

Name: Enter full name as per NRIC/ Passport here.

NRIC/ FIN/ Passport Number: Enter NRIC/ FIN/ Passport no. here.

2d. **Is your marriage certificate in English?**

Yes.

No.

Notes

*You are required to exhibit the marriage certificate (original and translated if not in English), with your application.*

### Dissolution of marriage

3a. **Date of dissolution of marriage:**

Enter date here.

3b. **Country of dissolution:**

State country here.

3c. **Is there any reason why the dissolution may not be recognised under Singapore law?**

No. Provide any evidence that the dissolution is recognised.

Yes. State your reasons below:

Enter details here.



3d. **Is the Court Order in English?**

- Yes.  
 No.

*You are required to exhibit the foreign Court Order (original and translated if not in English), with your application.*

## Children

4. **Number of living child(ren):** Enter no. of children here.

*Including those above the age of 21 years.*

**Do you have a child below 21 years old who is**

- (a) born of this marriage or  
(b) accepted as a child of this marriage?**

- No. *Proceed to Section 3.*  
 Yes. *Complete Table A for every child below 21 years old.*

*You are required to exhibit the birth certificate(s) of each child(ren) (original and translated if not in English), with your application.*

## Section 3: Jurisdiction

This section explains why this Court has the legal power to deal with your application. Select the applicable option(s) under questions 5a or 5b and complete the information under that question.

If questions 5a or 5b are not applicable but you believe that Singapore has jurisdiction to deal with your application, select question 5c and explain your reasons.

### Notes

The Family Justice Courts of Singapore has jurisdiction to grant my application because:

5a.  I am a  My ex-spouse is a  My ex-spouse and I are Singapore citizen(s) at the time

- of this application.  
 my marriage was dissolved in the foreign country.

5b.  I am  My ex-spouse is  My ex-spouse and I are habitually resident in Singapore for a continuous period of 1 year before

- this application.

*If you are or your ex-spouse is a Singapore Permanent Resident, select the option "habitual residence" and provide the requested details.*

my marriage was dissolved in the foreign country.

*Please seek legal advice if none of the options apply to you.*

At the material time,  I  My ex-spouse  Both parties lived in:

| <b>My address</b>                     |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |

| <b>My ex-spouse's address</b>         |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |

5c.  Other reasons:

|                     |
|---------------------|
| Enter details here. |
|---------------------|

## **Section 4: Connection of Parties to Different Countries**

Complete questions 6a, 6b and 6c.

6a. **Connection to Singapore**

Select the applicable option(s) and complete the information under that option.

The parties have no connection to Singapore. The details are as follows:

|                     |
|---------------------|
| Enter details here. |
|---------------------|

The parties have the following connection to Singapore:

| Person   | Connection to Singapore  |
|--|--|
| <input type="checkbox"/> I   | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> My ex-spouse  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> All children<br><input type="checkbox"/> The following child(ren): <u>Enter name(s) of child(ren) here.</u> | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> Others: <u>Enter details here.</u>  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |

**6b. Connection to country that dissolved the marriage**

Select the applicable option(s) and complete the information under that option.

The parties have no connection to the country that dissolved the marriage. The details are as follows:

Enter details here.

The parties have the following connection to the country that dissolved the marriage:

| Person   | Connection to the country that dissolved the marriage   |
|--|---|
| <input type="checkbox"/> I   | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> |
| <input type="checkbox"/> My ex-spouse  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> |
| <input type="checkbox"/> All children<br><input type="checkbox"/> The following child(ren): <u>Enter name(s) of child(ren) here.</u> | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> |
| <input type="checkbox"/> Others: <u>Enter details here.</u>  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> |

**6c. Connection to any other country**

Besides Singapore and the country which dissolved the marriage,

the parties have no connection to any other country.

the parties have connections to other countries. The brief details are as follows:

Enter details here.

## Section 5: Time Period between the Foreign Order and this Application

7. This application is taken out Enter no. of months/years after the foreign court order was made. The reasons for the time taken are:

Enter details here.

## Section 6: Financial Reliefs in the Foreign Orders

- 8a. The foreign court made orders on these issues:

| <b>Financial relief</b><br>(Tick the box if orders have been made by a foreign court on the relief) | <b>Are the orders complied with?</b><br>(If you have selected 'No' or 'Partially', provide details in | <b>If any part of the foreign order is not complied with, state who should comply</b> |
|---|---|---|
|   |   |   |

### Notes

*You are required to exhibit the foreign Court Order (original and translated, if not in English), with your application.*

*This includes any relevant decision or reasons requiring any party to the marriage to make payment to the other party or transfer any matrimonial asset to either of the parties or to a child of the marriage that the foreign court has given, other than the foreign Court Order.*

|   |   | question 8b<br>below)   | <b>with the<br/>orders?</b>   |
|---|---|---|---|
| Division of<br>immovable<br>properties                      | <input type="checkbox"/> Outside<br>Singapore | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
|   | <input type="checkbox"/> In<br>Singapore      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| Division of<br>movable<br>assets                            | <input type="checkbox"/> Outside<br>Singapore | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
|   | <input type="checkbox"/> In<br>Singapore      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| <input type="checkbox"/> Maintenance for ex-<br>spouse      |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| <input type="checkbox"/> Maintenance for<br>child(ren)      |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| <input type="checkbox"/> Others: <u>Enter details here.</u> |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| <input type="checkbox"/> Others: <u>Enter details here.</u> |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I<br><input type="checkbox"/> My ex-<br>spouse<br><input type="checkbox"/> Both<br>parties |
| <input type="checkbox"/> Others: <u>Enter details here.</u> |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                       | <input type="checkbox"/> I  |

*Any relevant agreement relating to financial relief between parties should also be exhibited.*

|  |                                    |  |
|--|------------------------------------|--|
|  | <input type="checkbox"/> Partially | <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
|--|------------------------------------|--|

- 8b. I provide more details on:
- (i) the parts of the orders which are not complied with and
  - (ii) why the orders have not been complied with:

Enter details here.

- 8c. Apart from the foreign court order, will the parties or the child(ren) receive other financial benefits?
- No
  - Yes. Provide details in 8d below.

- 8d. I provide more details on the other financial benefits below:

*Optional, unless "Yes" is selected at question 8c.*

Enter details here.

- 8e. You may provide other reasons and/or information below:

Enter details here.

9. Financial reliefs omitted from the foreign court order

The foreign court did not deal with the following financial reliefs:

*For e.g., if there are Singapore assets that the foreign Court has not made any order(s) on.*

| S/N | State the reliefs   | Explain why the foreign court did not deal with the reliefs |
|-----|---------------------|---|
| (a) | Enter details here. | Enter details here.   |
| (b) | Enter details here. | Enter details here.   |
| (c) | Enter details here. | Enter details here.   |
| (d) | Enter details here. | Enter details here.   |

*Use additional rows if required.*

## Section 7: Reasons for Seeking a Singapore Order

- 10a. Are you seeking an order in respect of assets located in Singapore?
- No
- Yes. The details are in Annex A attached to the application.
- 10b. (If you are seeking only maintenance)

Notes



Are there available Singapore assets against which a Singapore order can be enforced?

- No
- Yes.

This question is mandatory if you had selected “Yes”.

The details are as follows:

Enter details here.

- 10c. My reasons for seeking a Singapore order for financial relief are set out below.

Enter details here.

*For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

## **Section 8: Summary of Claim**

Notes

11.  I am asking that the Court grants the Originating Application.

Others:

Enter details here.

## **Table A: Child(ren)'s Details**

Details of child(ren) below 21 years old:  
Add a separate table if required.

| <b>Details of children</b>   | <b>Child 1</b>                                 | <b>Child 2</b>                                 | <b>Child 3</b>                                 | <b>Child 4</b>                                 | <b>Child 5</b>                                 |
|--|--|--|--|--|--|
| <b>Name</b>  | Enter child's full name (as per NRIC/passport) | Enter child's full name (as per NRIC/passport) | Enter child's full name (as per NRIC/passport) | Enter child's full name (as per NRIC/passport) | Enter child's full name (as per NRIC/passport) |
| <b>NRIC/ Passport Number</b>   | Enter child's NRIC/passport no.                | Enter child's NRIC/passport no.                | Enter child's NRIC/passport no.                | Enter child's NRIC/passport no.                | Enter child's NRIC/passport no.                |
| <b>Date of Birth / Age</b>   | Enter date and/or age here                     | Enter date and/or age here                     | Enter date and/or age here                     | Enter date and/or age here                     | Enter date and/or age here                     |
| <b>Gender</b>  | Enter gender here                              | Enter gender here                              | Enter gender here                              | Enter gender here                              | Enter gender here                              |
| <input type="checkbox"/> <b>Schooling</b><br><input type="checkbox"/> <b>Working</b><br><input type="checkbox"/> <b>Others</b> | Enter details here                             | Enter details here                             | Enter details here                             | Enter details here                             | Enter details here                             |

## Section 9: Affirmation

The affidavit is to be sworn / affirmed in accordance with the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024.

## Section 10: Exhibit Content Page

You must attach, with your application, a copy of the documents in Table 10-1 (if applicable) and all documents which you intend to rely on to support your position (collectively “Required Documents”).

If you are unable to provide the Required Documents, you must explain the lack of documents in Table 10-2.

You may wish to refer to Part 9, Rule 16 of the Family Justice (General) Rules 2024 for the consequences of not providing the Required Documents.

**Table 10-1**

| <b>Exhibit number</b> | <b>Reference in Affidavit to the exhibit</b><br><i>(e.g. Paragraph 1 of Section A2)</i>  | <b>Page numbers</b>  |
|-----------------------|--|----------------------|
| E1                    | <b>Copy of Marriage Certificate</b>  | Enter page no. here. |
| E2                    | <b>Translation of Marriage Certificate</b> (if not in English):<br><i>The translation must be done by either a Court interpreter or a certified translator with proof of the translator's certification.</i> | Enter page no. here. |
| E3                    | Document(s) to show a <b>change in a party's name or identification number</b> stated in the Marriage Certificate (where applicable)   | Enter page no. here. |
| E4                    | <b>Evidence of Dissolution of Marriage</b> (e.g. Foreign Court Order)  | Enter page no. here. |
| E5                    | <b>Translation of Foreign Court Order</b> (if not in English):<br><i>The translation must be done by either a Court interpreter or a certified translator with proof of the translator's certification.</i>  | Enter page no. here. |
| E6                    | <b>Copy of child(ren)'s Birth Certificates</b>   | Enter page no. here. |

Notes

*Use this content page if you have documents as exhibits.*

*The page numbers for the exhibits should run consecutively from the last page of the affidavit or numbered differently for identification, eg. E1, E2, if the exhibit page starts as page 1.*

*Use additional rows if required.*

|     |  |                      |
|-----|--|----------------------|
| E7  | <b>Translation of Birth Certificates</b> (if not in English):<br><i>The translation must be done by either a Court interpreter or a certified translator with proof of the translator's certification.</i> | Enter page no. here. |
| E8  | Enter details of paragraph/section in which the exhibit relates to.  | Enter page no. here. |
| E9  | Enter details of paragraph/section in which the exhibit relates to.  | Enter page no. here. |
| E10 | Enter details of paragraph/section in which the exhibit relates to.  | Enter page no. here. |

**Table 10-2**

*If any of the Required Document(s) listed in Table 10-1 is not provided, state your reasons below.*

*Use additional rows if required..*

| State the name of the Required Document not provided | (a) State the reasons for lack of document<br>(b) If alternative document is provided instead, state the alternative document. |
|--|--|
| Enter details here.                                  | Enter details here.  |
| Enter details here.                                  | Enter details here.  |
| Enter details here.                                  | Enter details here.  |
| Enter details here.                                  | Enter details here.  |
| Enter details here.                                  | Enter details here.  |

*Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.*

*The exhibits are to be attached from this page onwards.*

*The exhibit cover page in accordance with the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024 to be placed between each distinct exhibit.*

## Originating Application for Financial Relief after Foreign Divorce Division of Assets after Syariah Court Divorce

This Form is used if:

- (a) You are applying for financial relief in Singapore after a foreign divorce.  
OR
- (b) You are applying for division of assets after Syariah Court divorce and you would like the Family Court to make the order instead of Syariah Court.

For financial relief after a foreign divorce, please note:

You **MUST** have obtained permission to make this application. If you have not done so, you must obtain the Court's permission first. Unlike the permission application, you **MUST** serve your ex-spouse with this Application. Financial relief refers to: (a) division of immovable assets and movable assets; (b) maintenance for ex-spouse and (c) maintenance for child(ren).

Financial relief does **NOT** include: custody, care and control or access orders for minor child(ren).

For division of assets after Syariah Court divorce, please note:

You **MUST** have either (a) Syariah Court's permission to commence this application OR (b) both you and your ex-spouse agree that the Family Court is to have jurisdiction.

The Family Court will only deal with immovable assets and movable assets through this application. This application cannot be used to apply for (a) maintenance for child(ren) (b) custody, care and control or access for minor child(ren) (c) maintenance for ex-spouse.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This form, when submitted to the Court, will be generated in accordance with the layout of the generated Originating Application (Form 53).

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application.

**IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 (“FJ(G)R 2024”), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- i. explore alternative ways of settling the dispute without resorting to legal action;  
OR
- j. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

## Section A: Details of Application

Please use Section A1 to A4 (where applicable) in the **Originating Application: Generic Sections (Form 53B)** to provide the details of application.

## Section B: The Parties

Please use Section B in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties' information.

## Section 1: My Application

I am applying for:

- 1A.  financial relief after a foreign divorce pursuant to the permission granted to me by this Court on Enter date here. in Enter case number here. Proceed to question 2.
- 1B.  division of assets after Syariah Court divorce. I meet the criteria to commence this application.  
Complete the Notice of Syariah Court Proceedings Form (Form 58) and proceed to question 2.
2. The orders which I intend to seek are set out in **Annex A.**  
  
(If you are seeking any other relief(s), state them below)
3. State the relief sought here.
4. State the relief sought here.
5. State the relief sought here.
6. **Costs of this Application**
- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by:  
Enter name or party status here.
- Costs to be reserved to  
Enter event here.
- Others:

*Notes*

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*



Enter details here.

**This Application is filed without a supporting affidavit as allowed by the Family Justice (General) Rules 2024.**

This option is to be selected if your application is for financial relief after a foreign divorce:

**This Application is to be served with the order of court granting permission.**

## Annex A: Draft Orders

Select the applicable categories and enter your preferred orders.

In this Annex, some commonly used orders (pre-populated orders) are provided for your selection. Select these orders ONLY if these are completely in line with your agreed terms. If you select the pre-populated orders, the orders will be auto-generated for your consideration.

If the pre-populated orders are not suitable, you may refer to the Family Orders Guide for other type of orders.

I am seeking these orders:

### 1. Division of assets

#### Pre-populated Order(s)

|                            |                     |
|----------------------------|---------------------|
| <b>Address of property</b> | Enter address here. |
|----------------------------|---------------------|

#### 1a. Sale of asset in the open market

| What type of immovable asset?   | What happens to the proceeds?   | How should the balance be divided?  |
|---|---|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Proceeds will be used to first:<br>(h) to make full payment of the outstanding housing loan, if any;<br>(i) to pay the HDB resale levy (if applicable);<br>(j) to pay the requisite CPF refunds in accordance with applicable CPF laws to owners' CPF accounts, if any;<br>to pay all costs and expenses incidental and relating to the sale of the property. | Applicant:<br><u>Enter % here.</u><br>Respondent:<br><u>Enter % here.</u> |

Timeframe for transfer: within Enter no. of months of the Order of Court.

1b.  Transfer of asset from one party to another party

| What type of immovable asset?   | Who transfers and receives?  | Who is to make <b>full</b> refund of the outgoing owner's CPF monies?     |
|---|--|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Party to transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><br>Party to receive transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent |

Timeframe for transfer: within Enter no. of months of the Order of Court.

Who pays for costs of transfer:

- Applicant  
 Respondent

1c.  Each party shall retain all other assets in their respective names.

1d. **Other Order(s)**

Enter your own orders below.

Enter orders here.

Notes

Use these references to prepare the orders:  
 I = Applicant  
 My ex-spouse = Respondent  
 Eg. The order should read:  
 The flat shall be transferred to the Respondent (instead of "my ex-spouse").

2.  Maintenance for spouse  
**This option is not applicable if you are divorced in the Syariah Court.**

**Pre-populated Order(s)**

2a.  Monthly maintenance

| Which party is to pay maintenance?  | Which party is the maintenance for?                                       | Monthly amount to be paid |
|---|---|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.  
 Recurring payment date: Enter date here.

2b.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

2c.  There shall be no maintenance for the  Applicant  Respondent.

2d. **Other Order(s)**  
 Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:  
 I = Applicant  
 My ex-spouse = Respondent  
 Eg. The order should read:  
 There shall be no maintenance for the Respondent (instead of "my ex-spouse").*

3.  **Maintenance for child(ren)**  
**This option is not applicable if you are divorced in the Syariah Court.**

**Pre-populated Order(s)**

3a.  Monthly maintenance

| Which parent is to pay maintenance?                                       | Which child(ren) is the maintenance for?   | Monthly amount to be paid |
|---|--|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Each child<br><input type="checkbox"/> The child<br><input type="checkbox"/> The children | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.  
 Recurring payment date: Enter date here.

3b.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

3c. **Other Order(s)**  
 Enter your own orders below.

Enter orders here.

Notes

*Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read:  
 The Respondent (instead of "my ex-spouse") shall pay \$x as monthly as maintenance for the children.*

4.  **Others**

**Pre-populated Order(s)**

4a.  Parties shall be at liberty to apply.

4b. **Other Order(s)**

Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:*

*I = Applicant*

*My spouse = Respondent*

*Eg. The order should read: The Respondent (instead of "my ex-spouse") shall return the sum of \$x to the Applicant (instead of "I").*

## First Ancillary Affidavit

The table sets out which sections of this form which you must complete.

|                     |  | Why you are using this Form                                       |   |  |
|---------------------|--|---|---|--|
|                     |  | Interim Judgment or Judicial Separation was granted by this Court | My divorce was granted by a foreign court | My divorce was granted in Syariah Court but I am seeking a property division order |
| Applicable Sections | Section 1  | ✓   | ✓   | ✓  |
|                     | Section 2  | ✓   | ✓   | ✓  |
|                     | Section 3  | ✓   | ✓   | ✓  |
|                     | Section 4  | ✓   | ✓   | ✓  |
|                     | Section 5  | ✓   | ✓   | ✓  |
|                     | Section 6  | ✓   | ✓   | ✓  |
|                     | Section 7  | ✓   | ✓   | ✓  |
|                     | If you are asking for division of assets                           |   |   |  |
|                     | Section 8  | ✓   | ✓   | ✓  |
|                     | Section 9  | ✓   | ✓   | ✓  |
|                     | Section 10   | ✓   | ✓   | ✓  |
|                     | Section 11   | ✓   | ✓   | ✓  |
|                     | Section 12   | ✓   | ✓   | ✓  |
|                     | If you are asking for orders relating to child(ren)'s arrangements |   |   |  |
|                     | Section 13   | ✓   | ✗   | ✗  |
|                     | Orders sought and supporting documents                             |   |   |  |
| Section 14          | ✓  | ✓   | ✓   |  |
| Annex 1             | ✗  | ✓   | ✗   |  |
| Annex 2             | ✓  | ✓   | ✓   |  |
| Section 15          | ✓  | ✓   | ✓   |  |
| Section 16          | ✓  | ✓   | ✓   |  |

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.



## Section 1: Introduction

Name of maker: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.  
Occupation: Enter occupation here.

- 1a. I am
- the Applicant in Enter main case number here.
  - the Respondent in Enter main case number here.
  - Enter name or party type here in Enter main case number here.

- 1b. This affidavit is
- in support of my ancillary claim  and
  - in reply to the affidavit by  
Enter name or party type here.  
dated Enter date here.
  - Others:  

Enter details here.

- 1c. Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

Select either Option 2a, 2b or 2c and complete questions within that option.

- 2a.  This Court granted
- an Interim Judgment.
  - a Judgment of Judicial Separation in respect of my marriage.
- 2b.  I was divorced outside of Singapore and
- this Court allowed me to file this Application.  
The date of the permission is Enter date here.
  - my ex-spouse obtained the permission of this Court to file this Originating Application.

Complete Annex 1.

Notes

*You may refer to the Originating Application for your party type.*

*Please state the OA case number i.e. FC/OAD 1/2022 and not the sub-case number.*

- 2c.  My divorce has been decided by the Syariah Court but I am asking this Court to decide on the division of my property(ies).

*Please refer to section 17A(2)(c) Supreme Court of Judicature Act 1969 to see if you satisfy the requirements.*

## Section 2: Ancillary Reliefs

1. I am asking for the following ancillary reliefs:

Notes

Select the applicable options.

### **If your divorce is granted in Singapore**

- Custody, care and control of, access to the minor child(ren)
- Maintenance for the child(ren) of the marriage
- Maintenance for the incapacitated husband
- Maintenance for the wife
- Division of the matrimonial assets
- Costs of the ancillary matters

### **If your divorce is granted overseas**

- Maintenance for the wife
- Maintenance for the child(ren) of the marriage
- Maintenance for the incapacitated husband
- Division of the matrimonial assets

### **If your divorce has been decided by the Syariah Court**

- Division of the matrimonial assets

*If your divorce is granted overseas but you require an order for custody, care and control, access or maintenance of children, file a new Application under "Orders for a child below 21 years old".*

## Section 3: Bankruptcy Status and Value of Asset Pool

### Part A: Bankruptcy Status

Notes

*This option is only applicable for dissolution granted by the Family Court, i.e. with case prefix "OAD".*

1.  Use the information in the Originating Application. The information is accurate.

*Refer to paragraph 9 of the Originating Application.*

- 2a. Are you an undischarged bankrupt?

- Yes. *Proceed to question 2c.*
- No. *Proceed to question 2b.*

*If you are or your spouse is an undischarged bankrupt, you must serve the Official Assignee with a copy of the Affidavit and inform the Official Assignee of the next Court date.*

- 2b. Are there pending bankruptcy proceedings filed against you?

- Yes.
- No.

*Proceed to question 2c.*

2c. Is your spouse an undischarged bankrupt?

Yes. *Proceed to Part B.*

No. *Proceed to question 2d.*

2d. Are there pending bankruptcy proceedings filed against your spouse?

Yes.

No.

*Proceed to Part B.*

## Part B: Asset Pool

Select either Option 4a, 4b or 4c. Option 4a is only applicable for dissolution granted by the Family Court, i.e. with case prefix “OAD”.

4a.  Use the information in the Originating Application. The information is accurate.

*Refer to paragraph 9 of the Originating Application.*

4b.  I am not asking for division of any matrimonial assets.

4c. Based on my estimate, the total **gross** value of matrimonial assets which the Court is required to determine is:

Less than S\$2 million.

Between S\$2 million and S\$4.99 million.

At least S\$5 million.

*Gross value: Market value of all assets without deducting outstanding liabilities and debts, e.g. gross value of an immovable asset = market value without deducting the loan.*

Mandatory: Answer this question.

5. At least 1 **immovable asset** in the asset pool is wholly or partially owned by someone (i.e. third party) other than my spouse and I.

Yes

No

*If the third party holds the asset jointly with you or your spouse, select “Yes”.*

*If all parties are unable to agree on the third party’s share in this asset, you may have to file a separate action in the High Court to determine the third party’s share.*

## Section 4: General Information

1. The length of my marriage is Enter no. of years Enter no. of months up to
- date of interim judgment.  
(applicable for divorce or nullity in Singapore)
  - date of judgement of judicial separation.  
(applicable for judicial separation in Singapore)
  - date of divorce / nullity / judicial separation.  
(applicable where the marriage was dissolved overseas or in Singapore Syariah Court)

2. The date of my
- Interim Judgment is
  - Judgment of Judicial Separation is
  - divorce / nullity / judicial separation is

Enter date here.

- This question is not applicable.

3. In my view, the marriage broke down on Enter date / month/ year here.

- These are my reasons for my statement:

Enter reasons here.

- Please refer to my reasons in my:

| Document   | Date of Filing          | Paragraph no.                    |
|--|-------------------------|----------------------------------|
| <input type="checkbox"/> Originating Application               | <u>Enter date here.</u> | <u>Enter paragraph no. here.</u> |
| <input type="checkbox"/> Affidavit of Evidence in Chief        | <u>Enter date here.</u> | <u>Enter paragraph no. here.</u> |
| <input type="checkbox"/> <u>Enter any other document here.</u> | <u>Enter date here.</u> | <u>Enter paragraph no. here.</u> |

4. Age of parties at the time of this application:

My age: Enter age here.

My spouse's age: Enter age here.

5. My highest educational level is:

|                                 |
|---------------------------------|
| Enter educational details here. |
|---------------------------------|

6.  Use the child(ren) information in the Originating Application for Divorce / Judicial Separation / Presumption of Death and Divorce / Nullity: Case number: [Enter details here.](#)

Otherwise, Complete the rest of the information here.

**Number of living child(ren):** Enter no. of child(ren) here. (including those above the age of 21 years)

**Do you have child(ren) below 21 years old who is / are**  
**(a) born of this marriage or**  
**(b) accepted as child(ren) of this marriage?**

No. Proceed to [Section 5](#).

Yes. Complete [Annex 2](#) for every child below 21 years old and proceed to Section 5.

7. Are you exhibiting any medical reports of a child in this affidavit?

Yes. Proceed to question 8.

No. Proceed to [Section 5](#).

8. I am exhibiting medical report(s) of the following child(ren) in this affidavit:

| S/N | Name of Child       | Does this report relate to custody or welfare of the child? | Do you have Court's permission?  | Date of Court's permission                          |
|-----|---------------------|---|--|---|
| (a) | Enter details here. | Select "Yes" or "No".                                       | If this report relates to custody or welfare of the child, complete this question. | If you have Court's permission, enter details here. |
| (b) | Enter details here. | Select "Yes" or "No".                                       | If this report relates to custody or welfare of the child, complete this question. | If you have Court's permission, enter details here. |

If you do not have the Court's permission to exhibit a medical report of the child relating to his / her custody or welfare, please make the necessary application for Court's permission and **do not** exhibit the report in this affidavit.

## Section 5: Employment Details

1. I am  an employee  self-employed  unemployed.
2.  My current job details are as follows: *Fill in the table and proceed to question 4.*  
 (If you are currently unemployed) My previous job details are as follows: *Fill in the table and proceed to question 3.*  
 I have never been employed. *Proceed to question 4. Then give your reasons for this statement in question 5.*

|     |   |  |
|-----|---|--|
| (a) | Name of organisation                          | Enter details here.  |
| (b) | Address of organisation                       | Enter details here.  |
| (c) | Designation (if you are an employee)          | Enter details here.  |
| (d) | Nature of business (if you are self-employed) | Enter details here.  |
| (e) | Nature of employment                          | <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Ad-hoc/casual |
| (f) | State your working hours                      | Enter details here.  |

- I hold more than 1 job. The details of my other job are as follows:

|     |   |  |
|-----|---|--|
| (a) | Name of organisation                          | Enter details here.  |
| (b) | Address of organisation                       | Enter details here.  |
| (c) | Designation (if you are an employee)          | Enter details here.  |
| (d) | Nature of business (if you are self-employed) | Enter details here.  |
| (e) | Nature of employment                          | <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Ad-hoc/casual |
| (f) | State your working hours                      | Enter details here.  |

If you hold multiple jobs, complete items (a) to (f) for each job you hold.

3. If you are currently unemployed, provide the information below:

|     |  |
|-----|--|
| (a) | <b>When did you stop working?</b>      |
|     | Enter details here.                    |
| (b) | <b>Why did you stop working?</b>       |
|     | Enter details here.                    |
| (c) | <b>What is your last drawn salary?</b> |
|     | Enter details here.                    |

4.  I am not a director, partner or sole proprietor of any company in Singapore or overseas.  
 I am a director, partner or sole proprietor of the following companies:

| S/N | Name of Company     | Country of incorporation | I receive remuneration from my position                  |
|-----|---------------------|--------------------------|--|
| (a) | Enter details here. | Enter details here.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) | Enter details here. | Enter details here.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) | Enter details here. | Enter details here.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*(Expand the table if required.)*

5. Additional information on my employment / lack of employment:

Enter details here.

## Section 6: Sources of Income

1. My income is:

| <b>Table 6-1</b> |   |   |  |   |   |
|------------------|---|---|--|---|---|
| S/N              | Source of income  | Provide details of the source of income, e.g. name of employer / property / business. | How are the monies received?   | How often do you receive the monies?<br><i>If you do not receive the income monthly, state the amount as a monthly average based on the past 12 months.</i>               | Amount per month (in SGD)                                 |
| (a)              | <input type="checkbox"/> Salary<br><input type="checkbox"/> Rental<br><input type="checkbox"/> Business profits<br><input type="checkbox"/> Endowment / CPF payouts<br><input type="checkbox"/> Financial Assistance<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Enter details here.   | <input type="checkbox"/> In Cash<br><input type="checkbox"/> Bank transfer<br><input type="checkbox"/> Cheque<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Gross: Enter amount here.<br><br>Nett: Enter amount here. |
| (b)              | <input type="checkbox"/> Salary<br><input type="checkbox"/> Rental<br><input type="checkbox"/> Business profits<br><input type="checkbox"/> Endowment / CPF payouts<br><input type="checkbox"/> Financial Assistance<br><input type="checkbox"/> Others:  | Enter details here.   | <input type="checkbox"/> In Cash<br><input type="checkbox"/> Bank transfer<br><input type="checkbox"/> Cheque<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Gross: Enter amount here.<br><br>Nett: Enter amount here. |



|  |   |                     |  |   |   |
|--|---|---------------------|--|---|---|
|  | Enter details here.   |                     |  |   |   |
| (c)  | <input type="checkbox"/> Salary<br><input type="checkbox"/> Rental<br><input type="checkbox"/> Business profits<br><input type="checkbox"/> Endowment / CPF payouts<br><input type="checkbox"/> Financial Assistance<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | Enter details here. | <input type="checkbox"/> In Cash<br><input type="checkbox"/> Bank transfer<br><input type="checkbox"/> Cheque<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | Gross: Enter amount here.<br><br>Nett: Enter amount here. |
| <b>Monthly TOTAL</b><br>Write this Total at <b><u>Section 10 Financial Summary</u></b> (1) of this Form. |   |                     |  |   | Gross: Enter amount here.<br><br>Nett: Enter amount here. |

2.  Other than what is stated above, I declare that I have no other sources of income.

## Section 7: Family Expenses

**Table 7-1**

1. My personal expenses are as follows:  
(Use additional rows for items not listed.)

| S/N  | Items  | Amount per month<br>(in SGD)  |
|--|--|-------------------------------|
| (a)  | Food   | Enter amount here.            |
| (b)  | Transport / Fuel expenses  | Enter amount here.            |
| (c)  | Utilities  | Enter amount here.            |
| (d)  | Telephone, Internet, Cable TV charges  | Enter amount here.            |
| (e)  | Medical expenses   | Enter amount here.            |
| (f)  | Rent   | Enter amount here.            |
| (g)  | Insurance premiums   | Enter amount here.            |
| (h)  | Payment of debts<br>(Complete Section 9.)  | Enter amount here.            |
| (i)  | Maintenance  | Enter amount here.            |
| (j)  | Tax payments   | Enter amount here.            |
| (k)  | Financial provision for:<br>Enter name of person here.<br><br>(Complete question 2 in this Section.) | Enter amount here.            |
| (l)  | Enter details here.  | Enter amount here.            |
| (m)  | Enter details here.  | Enter amount here.            |
| (n)  | Enter details here.  | Enter amount here.            |
| (o)  | Enter details here.  | Enter amount here.            |
| (p)  | Enter details here.  | Enter amount here.            |
| <b>Monthly TOTAL</b><br>Write this Total (1) at <b>Section 10</b><br><b>Financial Summary</b> of this Form |  | <b>(1)</b> Enter amount here. |

Notes

If an expense is not incurred monthly, state the amount as a monthly average.

Eg. if the expense is \$60 every 3 months, you should state it as \$20 per month.

Item (k) refers to the support you give to persons besides the child(ren), e.g. extended family or ex-spouse.

2.  I provide for the following persons who are **NOT** part of this family:  
(Use additional rows for items not listed.)

**Table 7-2**

| S/N | Name of person and/or your relationship with the person                             | How are the monies paid?                       | How often are the monies paid?   | Amount per month (in SGD) |
|-----|---|--|--|---------------------------|
| (a) | Enter full name as per NRIC/Passport and/or your relationship with the person here. | <input type="checkbox"/> In cash to the person | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others: Enter details here. | Enter amount here.        |

|     |   |   |  |                    |
|-----|---|---|--|--------------------|
|     |   | <input type="checkbox"/> Bank transfer to the person<br><input type="checkbox"/> Direct payment to relevant agency<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div>   |  |                    |
| (b) | Enter full name as per NRIC/Passport and/or your relationship with the person here. | <input type="checkbox"/> In cash to the person<br><input type="checkbox"/> Bank transfer to the person<br><input type="checkbox"/> Direct payment to relevant agency<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others: Enter details here. | Enter amount here. |
| (c) | Enter full name as per NRIC/Passport and/or your relationship with the person here. | <input type="checkbox"/> In cash to the person<br><input type="checkbox"/> Bank transfer to the person<br><input type="checkbox"/> Direct payment to relevant agency<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Others: Enter details here. | Enter amount here. |
|     |   | <p style="text-align: center;"><b>Monthly TOTAL</b></p> <p>Write this TOTAL in Item 1(k) above.</p>   | Enter amount here.   |                    |

**Table 7-3**

3. The monthly expenses for the child(ren) are:  
*(Use additional rows for items not listed.)*

| <i>Notes</i>   |                             |   |                     |   |                     |   |                     |
|--|-----------------------------|---|---------------------|---|---------------------|---|---------------------|
| <i>If an expense is not incurred monthly, state the amount as a monthly average.<br/>To explain an unusual expense, state the reasons in the "Remarks" column.</i> |                             |   |                     |   |                     |   |                     |
| S/N  | Items                       | Name of child:<br>Enter name of child here. |                     | Name of child:<br>Enter name of child here. |                     | Name of child:<br>Enter name of child here. |                     |
|  |                             | Amount per month (in SGD)                   | Remarks             | Amount per month (in SGD)                   | Remarks             | Amount per month (in SGD)                   | Remarks             |
| 1  | Food (including milk)       | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 2  | Transport                   | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 3  | Mobile phone charges        | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 4  | Pocket money                | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 5  | School fees                 | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 6  | Enrichment fees             | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 7  | Extracurricular expenses    | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 8  | Schoolbooks, school uniform | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |
| 9  | Insurance premiums          | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. | \$ Enter amount here.                       | Enter remarks here. |

|   |                     |                       |                     |                       |                     |                       |                       |
|---|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|-----------------------|
| 10  | Enter details here. | \$ Enter amount here. | Enter remarks here. | \$ Enter amount here. | Enter remarks here. | \$ Enter amount here. | Enter remarks here.   |
| 11  | Enter details here. | \$ Enter amount here. | Enter remarks here. | \$ Enter amount here. | Enter remarks here. | \$ Enter amount here. | Enter remarks here.   |
| <b>SUB-TOTAL (1)</b>  |                     | \$ Enter amount here. | (2)                 | \$ Enter amount here. | (3)                 | \$ Enter amount here. |                       |
| <b>Monthly TOTAL of (1) + (2) + (3)</b>   |                     |                       |                     |                       |                     | <b>(4)</b>            | \$ Enter amount here. |
| Write this Total (4) at <u>Section 10 Financial Summary</u>   |                     |                       |                     |                       |                     |                       |                       |
| <p><i>Notes</i></p> <p><i>If you use more than 1 table for children's expenses, add up all (4) in each of the tables before writing the total at <u>Section 10 Financial Summary</u>.</i></p> |                     |                       |                     |                       |                     |                       |                       |

4. Existing maintenance order(s) for self, spouse or child(ren)

Are there existing maintenance order(s) for self, spouse or child(ren)?

No. Proceed to question 5.

Yes. Complete the details below.

|     |   |                         |
|-----|---|-------------------------|
| (a) | Case number (if issued by this Court):                                | Enter case number here. |
| (b) | Date of order:  | Enter a date here.      |
| (c) | State the brief details of the order:                                 | Enter details here.     |
| (d) | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |

Optional

5. Circumstances which affect income or ability to maintain self, spouse or child(ren)

If there are circumstances which will significantly affect your income or contribution to your spouse or your children, state briefly your circumstances, the history or reasons, and how it affects your income or contribution.

You have to answer this question if you wish to claim maintenance as an incapacitated husband.

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

*If you are an incapacitated husband applying for maintenance, proceed to question 6. Otherwise, proceed to question 7.*

6. Only for incapacitated husband applying for maintenance

|     |  |  |
|-----|--|--|
| (a) | Nature of incapacity   | Enter details here.  |
| (b) | Is the incapacity permanent or temporary?                        | Select the applicable option.  |
| (c) | Date of most recent medical report(s) with details of incapacity | Enter a date here.   |
| (d) | Name of doctor   | Enter name of doctor here.   |
| (e) | Is the doctor licensed to practise in Singapore?                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No.<br>If no, state the country: <u>Enter country here.</u> |

Optional

7. Circumstances which will affect personal or child(ren) expenses

If there are circumstances which will significantly affect your expenses or your child(ren)'s expenses in the **next 6 months**, state briefly below:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

Optional

8. **Standard of living**

If you would like the Court to consider the standard of living enjoyed by the family during the marriage, provide brief details below:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.



## Section 8: Assets

### Part A: Properties in Singapore and overseas

If you are filing this Form after a foreign divorce, you are only required to provide information on the asset(s) in the court order for permission.

1.  I do not own any immovable asset.  
 I own the following immovable assets:

If you have multiple immovable assets, complete Table 8-1 for each property.

| <b>Table 8-1</b>  |                |  |   |  |
|---|----------------|--|---|--|
| <input type="checkbox"/> Use the information from Annex B of the <b><u>Originating Application for Divorce / Judicial Separation / Presumption of Death and Divorce / Nullity</u></b><br>Only provide the information which has to be updated from the Originating Application. |                |  |   |  |
| Address of property   |                | Enter address here.  |   |  |
| Reference name<br>If there is more than 1 property, provide a short name for identification.  |                |  | Enter reference name here e.g. "the Siglap property". |  |
| Is this an HDB property?  |                | <input type="checkbox"/> No.<br><input type="checkbox"/> Yes. I <input type="checkbox"/> have <input type="checkbox"/> have not satisfied the Minimum Occupation Period ("MOP"). |   |  |
| <b>Owners of the property</b>   |                |  |   |  |
| Name  |                | Nature of holding  |   | Share (in %)<br>(to complete if tenancy-in-common is selected) |
| Enter full name as per NRIC/Passport here.  |                | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  |   | Enter % of share here.   |
| Enter full name as per NRIC/Passport here.  |                | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  |   | Enter % of share here.   |
| Enter full name as per NRIC/Passport here.  |                | <input type="checkbox"/> Sole tenancy<br><input type="checkbox"/> Joint tenancy<br><input type="checkbox"/> Tenancy in common  |   | Enter % of share here.   |
| <b>Market value</b>   |                |  |   |  |
| Complete <b><u>A</u></b> if the MOP (only for HDB flats / ECs) is not satisfied for this asset.<br>Complete <b><u>B</u></b> for HDB flats/ECs (which have satisfied the MOP) or non-HDB property.   |                |  |   |  |
| A   | Purchase price | Enter amount here.   | Date of purchase                                      | Enter a date here.   |

|                 |                                 |                    |                         |   |
|-----------------|---------------------------------|--------------------|-------------------------|---|
| B               | Estimated market value (in SGD) | Enter amount here. | Basis of the value      | <input type="checkbox"/> HDB <input type="checkbox"/> URA latest transaction records<br><input type="checkbox"/> Desktop <input type="checkbox"/> Onsite valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> |
| <b>Mortgage</b> |                                 |                    |                         |   |
|                 | Outstanding Mortgage (in SGD)   | Enter amount here. | Name(s) of mortgagee(s) | <input type="checkbox"/> All legal owners<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div>  |

Add up the market values of all immovable assets and state the total in **(1)** below.  
Add up the outstanding mortgage of all immovable assets and state the total in **(A)** below.

|   |                               |   |                               |
|---|-------------------------------|---|-------------------------------|
| Estimated market value of <b>ALL</b> immovable assets | <b>(1)</b> Enter amount here. | Outstanding Mortgage of <b>ALL</b> immovable assets | <b>(A)</b> Enter amount here. |
|---|-------------------------------|---|-------------------------------|

2.  Other than what is stated in Table 8-1, I declare that I do not own any other properties.

### Part B: Bank accounts in Singapore and overseas

1.  I have no bank account.  
 I have the following bank account(s):  
If you have multiple bank accounts, complete additional rows with details for each bank account.

| <b>Table 8-2</b> |                                  |   |  |
|------------------|----------------------------------|---|--|
| (a)              | <b>Details of Bank Account 1</b> |   |  |
|                  | Name of Bank                     | Enter bank's name here.   | Balance amount (in SGD) (within past 3 months) |
|                  | Account Number                   | Enter account no. here.   |  |
|                  | Type of Account                  | <input type="checkbox"/> Current<br><input type="checkbox"/> Deposit<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px;">Enter details here.</div> | Enter amount here.                             |
|                  |                                  |   | As of: enter date here.                        |

|     |                                    |   |   |
|-----|------------------------------------|---|---|
|     | Name(s) of other account holder(s) | Enter full name as per NRIC/Passport here.  |   |
| (b) | <b>Details of Bank Account 2</b>   |   |   |
|     | Name of Bank                       | Enter bank's name here.   | Balance amount (in SGD)<br>(within past 3 months) |
|     | Account Number                     | Enter account no. here.   | Enter amount here.<br><br>As of: enter date here. |
|     | Type of Account                    | <input type="checkbox"/> Current<br><input type="checkbox"/> Deposit<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> |   |
|     | Name(s) of other account holder(s) | Enter full name as per NRIC/Passport here.  |   |
| (c) | <b>Details of Bank Account 3</b>   |   |   |
|     | Name of Bank                       | Enter bank's name here.   | Balance amount (in SGD)<br>(within past 3 months) |
|     | Account Number                     | Enter account no. here.   | Enter amount here.<br><br>As of: enter date here. |
|     | Type of Account                    | <input type="checkbox"/> Current<br><input type="checkbox"/> Deposit<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> |   |
|     | Name(s) of other account holder(s) | Enter full name as per NRIC/Passport here.  |   |
|     |                                    | <b>TOTAL</b><br>for <b>ALL</b> bank accounts (2)  | Enter amount here.                                |

2.  Other than what is stated in Table 8-2 (including the bank accounts in the additional pages), I declare that I do not own any other bank accounts.

### Part C: Monies in pensions / provident funds (e.g. CPF)

1.  I do not have a provident fund (e.g. CPF) account or any pension funds in Singapore or overseas.
- I have the following funds in my provident fund (e.g. CPF) account as of:  
Enter date here.

**Table 8-3**

|     |                  | Value (in SGD) as of: [enter date here] |
|-----|------------------|---|
| (a) | Ordinary account | Enter amount here.                      |
| (b) | Special account  | Enter amount here.                      |

|              |  |                               |
|--------------|--|-------------------------------|
| (c)          | Medisave account   | Enter amount here.            |
| (d)          | Retirement account<br><input type="checkbox"/> I am under the CPF Life Investment Scheme.                        | Enter amount here.            |
| (e)          | CPF investment account<br>Name of the Financial Institution:<br><input type="text" value="Enter details here."/> | Enter amount here.            |
| <b>TOTAL</b> |  | <b>(3)</b> Enter amount here. |

2.  I have the following pension fund(s):  
If you have multiple pension funds, complete Table 8-4 for each pension fund.

| <b>Table 8-4</b>   |  |                     |                     |
|--|--|---------------------|---------------------|
| Country and Name of Fund   | Enter details here.                        |                     |                     |
| Value of the Fund (in SGD)   | Enter amount here.                         |                     |                     |
|  | As of: enter date here.                    |                     |                     |
| Name(s) of the Beneficiary(ies)  | Enter full name as per NRIC/Passport here. |                     |                     |
| Explain how the scheme works   |  |                     |                     |
| Amount of payout (in SGD)  | Enter amount here.                         | Frequency of payout | Enter details here. |
| Date on which the first payout was made / will be made   | Enter date here.                           |                     |                     |
| Other relevant details (If there are other details which will affect the value of the Fund, explain) | Enter details here.                        |                     |                     |
| <i>Add up the market values of all pension funds and state the total in <b>(4)</b> below.</i>        |  |                     |                     |
| <b>TOTAL</b><br>for <b><u>ALL</u></b> pension fund(s)  |  | <b>(4)</b>          | Enter amount here.  |

2.  Other than what is stated Tables 8-3 and 8-4, I declare that I do not own any other pension funds.

**Part D: Shares, Stocks and Bonds (Investments)**

1.  I do not own any shares, unit trusts, stocks, bonds or other similar investment products in Singapore or overseas.
- I have the following stocks, unit trusts, shares, bonds and other similar investment products:  
If you have multiple investments, complete additional rows with details for each investment.

**Table 8-5**

| <b>Table 8-5</b> |   |   |   |   |  |
|------------------|---|---|---|---|--|
| (a)              | <b>Details of Investment 1</b>  |   |   |   |  |
|                  | Name and Country of the business:   |   | Enter details here.   |   |  |
|                  | Nature of the business  | My spouse's and my shareholding   | Basis of the valuation  | Value of my shares (in SGD)                       |  |
|                  | <input type="checkbox"/> Private Limited company<br><input type="checkbox"/> Public Listed company<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | <b>My shareholding:</b><br><div style="border: 1px solid black; padding: 2px;">State either number of shares or % of total shareholding here.</div><br><br><b>My spouse's shareholding:</b><br><div style="border: 1px solid black; padding: 2px;">State either number of shares or % of total shareholding here.</div> | <input type="checkbox"/> Market value on the stock market<br><input type="checkbox"/> Formal valuation report<br><input type="checkbox"/> Actual investment amount<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Enter amount here.<br><br>As of: enter date here. |  |
| (b)              | <b>Details of Investment 2</b>  |   |   |   |  |
|                  | Name and Country of the business:   |   | Enter details here.   |   |  |
|                  | Nature of the business  | My spouse's and my shareholding   | Basis of the valuation  | Value of my shares (in SGD)                       |  |
|                  | <input type="checkbox"/> Private Limited company<br><input type="checkbox"/> Public Listed company<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | <b>My shareholding:</b><br><div style="border: 1px solid black; padding: 2px;">State either number of shares or % of total shareholding here.</div><br><br><b>My spouse's shareholding:</b><br><div style="border: 1px solid black; padding: 2px;">State either number of shares or % of total shareholding here.</div> | <input type="checkbox"/> Market value on the stock market<br><input type="checkbox"/> Formal valuation report<br><input type="checkbox"/> Actual investment amount<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Enter amount here.<br><br>As of: enter date here. |  |
| (c)              | <b>Details of Investment 3</b>  |   |   |   |  |
|                  | Name and Country of the business:   |   | Enter details here.   |   |  |

|   |   |   |   |
|---|---|---|---|
|   |   |   |   |
| Nature of the business  | My spouse's and my shareholding   | Basis of the valuation  | Value of my shares (in SGD)                       |
| <input type="checkbox"/> Private Limited company<br><input type="checkbox"/> Public Listed company<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | <b>My shareholding:</b><br><div style="border: 1px solid black; padding: 2px; width: fit-content;">State either number of shares or % of total shareholding here.</div><br><br><b>My spouse's shareholding:</b><br><div style="border: 1px solid black; padding: 2px; width: fit-content;">State either number of shares or % of total shareholding here.</div> | <input type="checkbox"/> Market value on the stock market<br><input type="checkbox"/> Formal valuation report<br><input type="checkbox"/> Actual investment amount<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> | Enter amount here.<br><br>As of: enter date here. |
| <b>TOTAL</b><br>of <b>ALL</b> investment(s) <b>(5)</b>  |   |   | Enter amount here.                                |

2.  Other than what is stated in Table 8-5, I declare that I do not own any other shares, unit trusts, shares, bonds or similar investment products.

### Part E: Insurance Policies

1.  I do not own any insurance policies in Singapore or overseas.  
 I have the following insurance policies:  
If you have multiple insurance policies, complete additional rows with details for each insurance policy.

| Table 8-6   |                                      |   |                              |                          |
|---|--------------------------------------|---|------------------------------|--------------------------|
| (a)   | <b>Details of Insurance Policy 1</b> |   |                              |                          |
|   | Name of insurer                      | Enter name here.  |                              |                          |
|   | Policy number                        | Enter policy number here.                                     |                              |                          |
|   | Name(s) of all policy holder(s)      | Enter full name as per NRIC/Passport here.                    |                              |                          |
|   | Names of all beneficiaries           | Enter full name as per NRIC/Passport here.                    |                              |                          |
|   | Type of policy                       | Premium amount (in SGD) and frequency of payment              | Mode of payment for premiums | Surrender value (in SGD) |
| <input type="checkbox"/> Life<br><input type="checkbox"/> Endowment | Enter amount here.                   | <input type="checkbox"/> Cash<br><input type="checkbox"/> CPF | Enter amount here.           |                          |

|  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Hospitalisation   | <input type="checkbox"/> Monthly  | <input type="checkbox"/> Others:   | As of: enter date here.                           |
| <input type="checkbox"/> Others:<br>Enter details here.  | <input type="checkbox"/> Annually<br><input type="checkbox"/> Lump sum<br><input type="checkbox"/> Others:<br>Enter details here.   | Enter details here.  |   |
| <b>(b) Details of Insurance Policy 2</b>   |   |  |   |
| Name of insurer  | Enter name here.  |  |   |
| Policy number  | Enter policy number here.   |  |   |
| Name(s) of all policy holder(s)  | Enter full name as per NRIC/Passport here.  |  |   |
| Names of all beneficiaries   | Enter full name as per NRIC/Passport here.  |  |   |
| Type of policy   | Premium amount (in SGD) and frequency of payment  | Mode of payment for premiums   | Surrender value (in SGD)                          |
| <input type="checkbox"/> Life<br><input type="checkbox"/> Endowment<br><input type="checkbox"/> Hospitalisation<br><input type="checkbox"/> Others:<br>Enter details here. | Enter amount here.<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Lump sum<br><input type="checkbox"/> Others:<br>Enter details here. | <input type="checkbox"/> Cash<br><input type="checkbox"/> CPF<br><input type="checkbox"/> Others:<br>Enter details here. | Enter amount here.<br><br>As of: enter date here. |
| <b>(c) Details of Insurance Policy 3</b>   |   |  |   |
| Name of insurer  | Enter name here.  |  |   |
| Policy number  | Enter policy number here.   |  |   |
| Name(s) of all policy holder(s)  | Enter full name as per NRIC/Passport here.  |  |   |
| Names of all beneficiaries   | Enter full name as per NRIC/Passport here.  |  |   |
| Type of policy   | Premium amount (in SGD) and frequency of payment  | Mode of payment for premiums   | Surrender value (in SGD)                          |
| <input type="checkbox"/> Life<br><input type="checkbox"/> Endowment<br><input type="checkbox"/> Hospitalisation<br><input type="checkbox"/> Others:                        | Enter amount here.<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually   | <input type="checkbox"/> Cash<br><input type="checkbox"/> CPF<br><input type="checkbox"/> Others:<br>Enter details here. | Enter amount here.<br><br>As of: enter date here. |

|  |                     |  |   |                               |
|--|---------------------|--|---|-------------------------------|
|  | Enter details here. | <input type="checkbox"/> Lump sum<br><input type="checkbox"/> Others:<br>Enter details here. |   |                               |
|  |                     |  | <b>TOTAL</b>                            |                               |
|  |                     |  | surrender values of <b>ALL</b> policies | <b>(6)</b> Enter amount here. |

2.  Other than what is stated in Table 8-6, I declare that I do not own any other insurance policies.

### Part F: Motor Vehicles

1.  I do not own any motor vehicles in Singapore or overseas.  
 I own the following motor vehicles:  
 If you have multiple motor vehicles, complete additional rows with details for each motor vehicle.

| <b>Table 8-7</b>                            |                                   |                     |   |   |
|---|-----------------------------------|---------------------|---|---|
| <b>(a)</b>                                  | <b>Details of Motor Vehicle 1</b> |                     |   |   |
|   | Vehicle Number                    | Enter details here. | Outstanding hire purchase amount (in SGD)         | Market value of vehicle (in SGD)                            |
|   | Brand and model of vehicle        | Enter details here. |   |   |
|   | Age of vehicle                    | Enter details here. | Enter amount here.<br><br>As of: enter date here. | Enter amount here.  |
| Purpose (e.g. for family, personal or work) | Enter details here.               |                     |   |   |
| <b>(b)</b>                                  | <b>Details of Motor Vehicle 2</b> |                     |   |   |
|   | Vehicle Number                    | Enter details here. | Outstanding hire purchase amount (in SGD)         | Market value of vehicle (in SGD)                            |
|   | Brand and model of vehicle        | Enter details here. |   |   |
|   | Age of vehicle                    | Enter details here. | Enter amount here.<br><br>As of: enter date here. | Enter amount here.  |
|   |                                   |                     |   |   |
|   |                                   |                     | <b>TOTAL</b>                                      |   |
|   |                                   |                     | for <b>ALL</b> motor vehicles                     | <b>(B)</b> Enter amount here. <b>(7)</b> Enter amount here. |

2.  Other than what is stated in Table 8-7, I declare that I do not own any other motor vehicles.



**Part G: Other valuables (Antiques, artwork, fine jewellery, fine wine, branded goods, club memberships etc.) in Singapore or overseas**

1.  I do not own any other items of value.

I own the following items of value:

Add additional rows (if required) to provide details of all valuable items.

| <b>Table 8-8</b>              |   |   |   |
|-------------------------------|---|---|---|
| (a)                           | <b>Details of Valuable 1</b>                                      |   |   |
|                               | Description of item   | Enter details here.   | Basis of valuation  |
|                               | Name(s) of other owner(s) and your relationship with that person  | Enter full name as per NRIC/Passport and your relationship with that person here. | <input type="checkbox"/> Purchase price<br><input type="checkbox"/> Latest transacted price<br><input type="checkbox"/> Formal valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> |
|                               | For physical items, state who holds this item currently           | Enter details here.   |   |
|                               | For non-physical items, state who <u>owns</u> this item currently | Enter details here.   |   |
| Market value of item (in SGD) | Enter amount here.  |   |   |
| (b)                           | <b>Details of Valuable 2</b>                                      |   |   |
|                               | Description of item   | Enter details here.   | Basis of valuation  |
|                               | Name(s) of other owner(s) and your relationship with that person  | Enter full name as per NRIC/Passport and your relationship with that person here. | <input type="checkbox"/> Purchase price<br><input type="checkbox"/> Latest transacted price<br><input type="checkbox"/> Formal valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> |
|                               | For physical items, state who holds this item currently           | Enter details here.   |   |
|                               | For non-physical items, state who <u>owns</u> this item currently | Enter details here.   |   |
| Market value of item (in SGD) | Enter amount here.  |   |   |
| (c)                           | <b>Details of Valuable 3</b>                                      |   |   |
|                               | Description of item   | Enter details here.   | Basis of valuation  |
|                               | Name(s) of other owner(s) and your relationship with that person  | Enter full name as per NRIC/Passport and your relationship with that person here. | <input type="checkbox"/> Purchase price<br><input type="checkbox"/> Latest transacted price   |
|                               |   |   | Market value of item (in SGD)   |
|                               |   |   | Enter amount here.  |

|   |                     |  |                    |
|---|---------------------|--|--------------------|
| For physical items, state who holds this item currently           | Enter details here. | <input type="checkbox"/> Formal valuation<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Enter details here.</div> |                    |
| For non-physical items, state who <u>owns</u> this item currently | Enter details here. |  |                    |
| <b>TOTAL</b>  |                     | <b>(8)</b>   | Enter amount here. |
| market value of <b>ALL</b> valuables                              |                     |  |                    |

2.  Other than what is stated in Table 8-8, I declare that I do not own any other valuables.

### Part H: Debts and Payments due to me

1.  I do not have any debts and payments which are due to me.  
 I have the following debts and payments which are due to me:  
*(Use additional rows if required):*

| <b>Table 8-9</b> |                     |                           |                                   |
|------------------|---------------------|---------------------------|-----------------------------------|
| S/N              | Name of debtor      | Nature of debt or payment | Amount of debt due to me (in SGD) |
| (a)              | Enter details here. | Enter details here.       | Enter amount here.                |
| (b)              | Enter details here. | Enter details here.       | Enter amount here.                |
| (c)              | Enter details here. | Enter details here.       | Enter amount here.                |
| (d)              | Enter details here. | Enter details here.       | Enter amount here.                |
| (e)              | Enter details here. | Enter details here.       | Enter amount here.                |
| <b>TOTAL</b>     |                     |                           | Enter amount here.                |
| <b>(9)</b>       |                     |                           |                                   |

2. If there is additional information on these debts / payments which are relevant to the Court's determination of the pool of assets, state below.

With reference to the debts and payments due to me, I would like to state as follows:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues*

Enter details here.

**Part I: Summary of Section 8**

|   |             |                           |
|---|-------------|---------------------------|
| <p>TOTAL value of my assets:<br/> <b>(1)+(2)+(3)+(4)+(5)+(6)+(7)+(8)+(9)</b></p> <p>Write this Total <b>(10)</b> at <u>Section 10 Financial Summary</u></p> | <b>(10)</b> | <p>Enter amount here.</p> |
| <p>TOTAL of my mortgage and hire purchase liabilities:<br/> <b>(A)+(B)</b></p> <p>Write this Total <b>(C)</b> at <u>Section 10 Financial Summary</u></p>    | <b>(C)</b>  | <p>Enter amount here.</p> |

**Section 9: Debts (excluding housing loans and hire purchase loans)**

- I do not have any other debt.  
 I have the following debts:  
 Use additional rows if required.

| <b>Table 9-1</b> |                                     |   |                             |
|------------------|-------------------------------------|---|-----------------------------|
| S/N              | Name of creditor and Account number | Nature of debt / loan (e.g. personal loan, credit card / credit line) | Amount outstanding (in SGD) |
| (a)              | Enter details here.                 | Enter details here.   | Enter amount here.          |

|   |                     |                     |   |
|---|---------------------|---------------------|---|
|   |                     |                     | As of: enter date here.                       |
| (b)   | Enter details here. | Enter details here. | Enter amount here.<br>As of: enter date here. |
| (c)   | Enter details here. | Enter details here. | Enter amount here.<br>As of: enter date here. |
| (d)   | Enter details here. | Enter details here. | Enter amount here.<br>As of: enter date here. |
| (e)   | Enter details here. | Enter details here. | Enter amount here.<br>As of: enter date here. |
| <b>TOTAL</b>  |                     |                     | <b>(1)</b>                                    |
| Write this Total (1) at <b>Section 10 Financial Summary (Item 6)</b> of this Form |                     |                     |   |

2. I provide additional information on these debts:  
Use additional rows if required.

| <b>Table 9-2</b>  |   |
|---|---|
| Refer to the item in Table 9-1 by using the same No. in Table 9-1 | 1. Explain why the debt was incurred<br>2. State whether the debt should be shared between the parties or borne solely by 1 party. Explain your reasons.<br>3. Provide other information relevant to these debts. |
| Enter item no. here.  | Enter details here.   |
| Enter item no. here.  | Enter details here.   |
| Enter item no. here.  | Enter details here.   |
| Enter item no. here.  | Enter details here.   |
| Enter item no. here.  | Enter details here.   |

## **Section 10: Financial Summary**

| State the total amounts for Sections 6 to 9 into this Summary: |  | Amount (in SGD)   |
|--|--|---|
| 1.   | <b>Section 6</b> My total average monthly income<br>(State the total <b>(1)</b> in this Section here)        | Gross: Enter amount here.<br><br>Nett: Enter amount here. |
| 2.   | <b>Section 7 Item 1</b> My total monthly personal expenses<br>(State the total <b>(1)</b> in this Item here) | Enter amount here.  |

|    |                             |  |                               |
|----|-----------------------------|--|-------------------------------|
| 3. | <b>Section 7<br/>Item 3</b> | Child(ren)'s total monthly expenses<br>(State the total <b>(4)</b> in this Item here)                                | Enter amount here.            |
| 4. | <b>Section 8<br/>Part I</b> | <b>Total value</b> of my assets<br>(State the total <b>(10)</b> in this Part here)                                   | Enter amount here. <b>(D)</b> |
| 5. | <b>Section 8<br/>Part I</b> | Total of my mortgage and hire purchase liabilities<br>(State the total <b>(C)</b> in this Part here)                 | Enter amount here. <b>(E)</b> |
| 6. | <b>Section 9</b>            | Total of my liabilities (apart from mortgage and hire purchase)<br>(State the total <b>(1)</b> in this Section here) | Enter amount here. <b>(F)</b> |
| 7. |                             | <b>Net Value</b> of my assets<br><b>(D) – (E) – (F)</b> in this table and enter the amount                           | Enter amount here.            |

## Section 11: Matrimonial Assets and Direct Contributions

- I refer to the Assets listed in **Section 8**.  
Select only 1 option.
  - All assets listed in Section 8 are matrimonial assets.
  - The following assets are NOT considered matrimonial assets: Complete Table 11-1 below. Use additional rows if required.

| Table 11-1 |                     |                     |
|------------|---------------------|---------------------|
| S/N        | Assets              | State your reasons  |
| (a)        | Enter details here. | Enter details here. |
| (b)        | Enter details here. | Enter details here. |

|     |                     |                     |
|-----|---------------------|---------------------|
| (c) | Enter details here. | Enter details here. |
|-----|---------------------|---------------------|

2.  I have not paid any monies towards any matrimonial asset.  
 I have made these **monetary** contributions to the matrimonial assets:  
Use additional rows if required.

| <b>Table 11-2</b> |                     |                                     |   |
|-------------------|---------------------|-------------------------------------|---|
| S/N               | Assets              | Amount / Percentage of contribution | Manner of contribution<br>E.g. CPF / Cash / Loans |
| (a)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (b)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (c)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (d)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (e)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (f)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |
| (g)               | Enter details here. | Enter amount or % here.             | Enter details here.                               |

3. Optional  
**Provide any other relevant information on your financial contribution to the above assets.**  
*E.g. You can further explain the manner of contribution, how the percentage of contribution is derived, breakdown of the contribution.*

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

## Section 12: Indirect Contributions

1. Did you contribute to the wellbeing of the family or play a part in acquiring or maintaining the matrimonial assets and you would like your efforts to be considered? **Briefly** describe the efforts you made. If your contribution is monetary, state the amount(s).

Optional

I have contributed to the family or the assets in the following way:

Enter details here.

2. Negative conduct of parties during the marriage will only be taken into account in **exceptional circumstances** if it affected the contribution towards the marriage. If you would like the Court to take such conduct into account, **briefly** state the behaviour with sufficient details for your spouse to respond to your statement.

Optional

I would like the Court to take the following bad conduct into account:

*Notes*

*For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues*

*For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

## Section 13: Child(ren)'s Care Arrangements

This Section is not applicable if you are divorced overseas or in the Syariah Court. Proceed to Section 14.

- For all minor child(ren) of the marriage, state their living arrangements.  
Complete table 13-1 for each child if the arrangement for each child is different.

| <b>Table 13-1</b>   |   |                     |
|---|---|---------------------|
| The living arrangements below apply to:<br><input type="checkbox"/> All children<br><input type="checkbox"/> Child: <u>Enter full name as per NRIC/Passport here.</u> |   |                     |
| Present arrangements  |   |                     |
| (a)   | State who is the child(ren) living with presently:  | Enter details here. |
| (b)   | Provide brief details of this arrangement:  | Enter details here. |
| (c)   | State all other adults who are living with the child(ren) and how they are related to the child(ren): | Enter details here. |
| (d)   | State when this arrangement started:  | Enter details here. |



|  |  |  |
|--|--|--|
|  |  |  |
| (e)  | Is this arrangement due to an existing court order?<br>State the date of the court order.  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes. Date of Court Order: Enter date here. |
| (f)  | If the child(ren) are not living with either parent, state if the child(ren) have contact with the parent(s) who is not living with the child:<br><br>Provide details such as frequency and length of contact, if this is a regular arrangement. | Enter details here.  |
| (g)  | Provide details of the most recent contact:<br><br>E.g. date, time, manner of contact  | Enter details here.  |
| <b>Proposed future arrangements</b>  |  |  |
| (h)  | State who the child(ren) will live with in future:   | Enter details here.  |
| (i)  | Provide brief details of this arrangement:   | Enter details here.  |
| (j)  | State the contact which the child(ren) will have with the parent who is not living with the child(ren):<br><br>Provide details such as frequency and length of contact.  | Enter details here.  |
| <p>Optional</p> <p>State:</p> <ol style="list-style-type: none"> <li>1. if there are any significant issues relevant to care and contact arrangements for the children/this child (E.g. health issues, circumstances of either parent)</li> <li>2. the change in circumstances if you are varying an existing court order.</li> <li>3. the reasons for the proposed future arrangements.</li> </ol> <p>Provide brief details to support your statement(s).</p> |  |  |

Enter details here.

## **Section 14: Orders Sought and Exhibits**

Select the applicable categories and enter your preferred orders.

In this Section, some commonly used orders (pre-populated orders) are provided for your selection. Select these orders **ONLY** if these are completely in line with your agreed terms. If you select the pre-populated orders, the orders will be auto-generated for your consideration.

If the pre-populated orders are not suitable, you may refer to the Family Orders Guide for other type of orders.

1. I am seeking these orders:

(a)  Division of assets

*Pre-populated Order(s)*

- i.  Sale of asset in the open market

|                            |                     |
|----------------------------|---------------------|
| <b>Address of property</b> | Enter address here. |
|----------------------------|---------------------|

| What type of immovable asset?   | What happens to the proceeds?   | How should the balance be divided?  |
|---|---|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Proceeds will be used to first:<br><br>(k) to make full payment of the outstanding housing loan, if any;<br><br>(l) to pay the HDB resale levy (if applicable);<br><br>(m) to pay the requisite CPF refunds in accordance with applicable CPF laws to owners' CPF accounts, if any;<br><br>to pay all costs and expenses incidental and relating to the sale of the property. | Applicant:<br><u>Enter % here.</u><br><br>Respondent:<br><u>Enter % here.</u> |

Timeframe for transfer: within Enter no. of months of the Order of Court.

- ii.  Transfer of asset from one party to another party

| What type of immovable asset?   | Who transfers and receives?  | Who is to make <b>full</b> refund of the outgoing owner's CPF monies?     |
|---|--|---|
| <input type="checkbox"/> HDB<br><input type="checkbox"/> Private property | Party to transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><br>Party to receive transfer:<br><input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent |

Timeframe for transfer: within Enter no. of months of the Order of Court.

Who pays for costs of transfer:

- Applicant
- Respondent

iii.  Each party shall retain all other assets in their respective names.

iv.  **Other Order(s)**  
Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:  
I = Applicant  
My spouse = Respondent  
Eg. The order should read: The flat shall be transferred to the Respondent (instead of "my spouse").*

**Maintenance for spouse**  
**(b) This option is not applicable if you are divorced in the Syariah Court.**

**Pre-Populated Order(s)**

i.  Monthly maintenance

| Which party is to pay maintenance?  | Which party is the maintenance for?                                       | Monthly amount to be paid |
|---|---|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.  
Recurring payment date: Enter date here.

ii.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

iii.  There shall be no maintenance for the  Applicant  Respondent.

iv.  ***Other Order(s)***  
 Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read: There shall be no maintenance for the Respondent (instead of "my spouse").*

(c)  **Maintenance for child(ren)**  
 This option is not applicable if you are divorced in the Syariah Court.

***Pre-populated Order(s)***

i.  Monthly maintenance

| Which parent is to pay maintenance?                                       | Which child(ren) is the maintenance for?   | Monthly amount to be paid |
|---|--|---------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | <input type="checkbox"/> Each child<br><input type="checkbox"/> The child<br><input type="checkbox"/> The children | Enter amount here.        |

1<sup>st</sup> payment date: Enter date here.  
 Recurring payment date: Enter date here.

- ii.  Payment to the party's bank account

| Whose bank account?   | Which bank?              | Account number                  |
|---|--------------------------|---------------------------------|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent | Enter name of bank here. | Enter bank account number here. |

- iii.  **Other Order(s)**  
Enter your own orders below.

Enter orders here.

*Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent  
 Eg. The order should read: The Respondent (instead of "my spouse") shall pay \$x as monthly as maintenance for the children.*

**(d)  Child(ren)'s arrangements**  
**This option is not applicable if you are divorced overseas or in the Syariah Court.**

**Custody**

State who is to have custody of the child(ren):

**Pre-populated Order(s)**

- i.  Both parties to have joint custody of the child(ren) of the marriage, namely
- all children: Enter full name as per NRIC/Passport here.
  - Child's name: Enter full name as per NRIC/Passport here.

- ii. **Other Order(s)**  
*Enter your own orders below.*

*Use these references to prepare the orders:  
 I = Applicant*

Enter orders here.

*My spouse = Respondent  
Eg. The order should read: The Applicant (instead of "I") shall have sole custody of the children of the marriage.*

**Care and control**

State who is to have care and control of the children:

**Pre-populated Order(s)**

|  |  |   |  |
|--|--|---|--|
| iii.   | Which parent is to have care and control?  |   | Which child(ren) does this care and control arrangement apply to?  |
|  | <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Enter full name as per NRIC/Passport here.                           | shall have care and control of the child(ren) of the marriage, namely | <input type="checkbox"/> All children: Enter full name as per NRIC/Passport here.<br><br><input type="checkbox"/> Child's name: Enter full name as per NRIC/Passport here. |
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Enter full name as per NRIC/Passport here. | <input type="checkbox"/> All children: Enter full name as per NRIC/Passport here.<br><br><input type="checkbox"/> Child's name: Enter full name as per NRIC/Passport here. |   |  |

iv. **Other Order(s)**  
*Enter your own orders below.*

*Use these references to prepare the orders:  
I = Applicant  
My spouse = Respondent  
Eg. The order should read: The Applicant (instead of "I") shall have care and control of the children.*

|                    |
|--------------------|
| Enter orders here. |
|--------------------|

**Access**

State the access orders and any other orders related to the child(ren)'s arrangements:

**Pre-populated Order(s)**

- v.  Reasonable access

| Which parent is to have access?  | Which child(ren) does this access arrangement apply to? |
|--|---|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Enter full name as per NRIC/Passport here. | The child(ren)  |

- vi.  Weekly access

| Which parent is to have access?  | Which child(ren) does this access arrangement apply to? | Details of access  |
|--|---|--|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Enter full name as per NRIC/Passport here. | The child(ren)  | Start of access:<br><u>Enter day here</u> at <u>Enter time here</u> .<br><br>End of access:<br><u>Enter day here</u> at <u>Enter time here</u> . |

- vii. **Other Order(s)**  
 Enter your own orders below.

Use these references to prepare the orders:  
 I = Applicant  
 My spouse = Respondent



Enter orders here.

*Eg. The order should read:  
The Respondent (instead of  
"my spouse") shall have  
reasonable access to the  
children from [day] at  
[time] to [day] at [time].*

2. **Supporting documents**

I understand that:

- (a) I must provide the standard list of documents in **Section 16 Table 16-1** if they are relevant to my case.
- (b) If the documents are not provided, I should explain the reasons in **Section 16 Table 16-2**.
- (c) If I do not have good reasons for lack of documents, the Court may draw a negative conclusion (i.e. adverse inference) from my failure to produce.

## Annex 1: Divorce in Foreign Country

To complete this Annex, refer to the Originating Application for Permission and the supporting affidavit.

**Only for use by the party who applied and obtained the permission of Court to commence these proceedings**

Select either 1a or 1b.

- 1a.  The Affidavit (“Affidavit”) for Originating Application for Permission is accurate and I do not need to provide further information.
- 1b.  The Affidavit (“Affidavit”) for Originating Application for Permission is accurate except for the further information in this Annex.  
*Proceed to the relevant part of Annex 1 to provide the additional information. You are not required to repeat the information in your Affidavit here.*

**Only for use by the party whose ex-spouse obtained the permission of Court**

The sub-headers in red refers to the sub-headers (and the corresponding reference) in the Originating Application for Permission.

If you disagree with the Affidavit in the Originating Application for Permission, you must state the correct information or give your reasons. To do so, you may select the applicable option or state your reasons in the free-text box provided.

### Section 2: General (Dissolution of marriage)

1. **Is there any reason why the dissolution may not be recognised under Singapore law?**
- No.
- Yes. State your reasons below.

Enter details here.

### Section 3: Jurisdiction

Answer both questions 1 and 2. If you select “no jurisdiction” or “I disagree”, you must complete the rest of Section 3. Otherwise, you may also provide any additional information if you wish.

1.  This Court has jurisdiction to hear this application.  
 This Court has no jurisdiction to hear this application.

2.  I agree  I disagree with the Jurisdiction details in the Affidavit for Originating Application for permission Enter case number here (“Affidavit”).

3a.  I am not  My ex-spouse is not  Both parties are not Singapore citizen(s)  
 at the time of the Originating Application for permission.  
 at the time my marriage was dissolved in the foreign country.

3b.  I am not  My ex-spouse is not  Both parties are not habitually resident in Singapore for a continuous period of 1 year  
 before the Originating Application for permission.  
 before my marriage was dissolved in the foreign country.

You must complete question 4 if you completed 3b.

4. At the material time,  
 I  My ex-spouse lived in:

| Country and address | Period of residence |
|---------------------|---------------------|
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |

I  My ex-spouse lived in:

| Country and address | Period of residence |
|---------------------|---------------------|
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |
| Enter details here. | Enter details here. |

5.  I wish to state as follows:

|                     |
|---------------------|
| Enter details here. |
|---------------------|

## Section 4: Connection of parties to different countries

1.  I agree  I disagree with the Connection details in the Affidavit.

You **must** complete the rest of **Section 4** if you select “**I disagree**”. Otherwise, you may also provide any additional information if you wish.

2. **Connection to Singapore**

Select the applicable option(s) and complete the information under that option.

- The parties have no connection to Singapore. The details are as follows:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

- The parties have the following connection to Singapore:

| Person                                | Connection to Singapore  |
|---------------------------------------|--|
| <input type="checkbox"/> I            | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     Enter details here.                 </div> |
| <input type="checkbox"/> My ex-spouse | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident  |

|  |   |
|--|---|
|  | <input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div>  |
| <input type="checkbox"/> All children<br><input type="checkbox"/> The following child(ren):<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter name(s) of child(ren) here.</div> | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |
| <input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div>  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in Singapore<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter details here.</div> |

3. **Connection to country that dissolved the marriage**

Select the applicable option(s) and complete the information under that option.

- The parties have no connection to the country that dissolved the marriage. The details are as follows:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

The parties have the following connection to the country that dissolved the marriage:

| Person  | Connection to country that dissolved the marriage   |
|---|---|
| <input type="checkbox"/> I  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> My ex-spouse   | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> All children<br><input type="checkbox"/> The following child(ren):<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter name(s) of child(ren) here.</div> | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |
| <input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div>  | <input type="checkbox"/> Citizen<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Live(s) in that country<br><input type="checkbox"/> Others:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Enter details here.</div> |

4. **Connection to any other country**

Besides Singapore and the country which dissolved the marriage,

The parties have no connection to any other country.

The parties have connections to other countries. The brief details are as follows:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

### Section 5: Time period between the foreign order and this application

1.  I agree  I disagree with the Time period details in the Affidavit.

You **must** select the applicable option from **Section 5** if you select “**I disagree**”. Otherwise, you may also provide any additional information if you wish.

- 2a.  This application is taken out Enter no. of after the foreign court  
months/years  
order was made.

- 2b.  I would like to state as follows:

*Notes: For easy reference number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

### Section 6: Financial reliefs in the foreign orders

1.  I agree  I disagree with the Foreign orders details in the Originating Application for permission.

You **must** complete the rest of Section 6 if you select “**I disagree**”. Otherwise, you may also provide any additional information if you wish.

2. The foreign court made orders on these issues :

| Financial relief<br>(Tick the box if orders have been made by a foreign court on the relief) |  | Are the orders complied with?<br><br>(If you have selected ‘No’ or ‘Partially’, provide details in question 3 below) | If any part of the foreign order is not complied with, state who should comply with the orders?           |
|--|--|--|---|
| Division of immovable properties   | <input type="checkbox"/> Outside Singapore | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially                       | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
|  | <input type="checkbox"/> In Singapore      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially                       | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
| Division of movable assets   | <input type="checkbox"/> Outside Singapore | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially                       | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
|  | <input type="checkbox"/> In Singapore      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially                       | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
| <input type="checkbox"/> Maintenance for ex-spouse   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse  |



|  |  |   |
|--|--|---|
|  | <input type="checkbox"/> Partially   | <input type="checkbox"/> Both parties   |
| <input type="checkbox"/> Maintenance for child(ren)                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
| <input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
| <input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |
| <input type="checkbox"/> Others:<br><input type="text" value="Enter details here."/> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Partially | <input type="checkbox"/> I <input type="checkbox"/> My ex-spouse<br><input type="checkbox"/> Both parties |

*You are to exhibit the foreign Court Order (original and translated, if not in English) in **Section 16**.*

*This includes any relevant decision or reasons requiring any party to the marriage to make payment to the other party or transfer any matrimonial asset to either of the parties or to a child of the marriage that the foreign court has given, other than the foreign Court Order.*

*Any relevant agreement relating to financial relief between parties should also be exhibited in **Section 16**.*

3.  I provide more details on:  
 (a) the parts of the orders which are not complied with and  
 (b) why the orders have not been complied with:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

4. Apart from the foreign court order, will the parties or the child(ren) receive other financial benefits?

No

Yes (Provide details below)

5.  I provide more details on the other financial benefits below

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

6.  You may provide other reasons and/or information below:

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

Enter details here.

7. Optional

*Financial reliefs omitted from the foreign court order*

The foreign court did not deal with the following financial reliefs:

*For example, if there are Singapore assets that the foreign Court has not made any order(s) on.*

(Use additional rows if required)

| S/N | State the reliefs   | Explain why the foreign court did not deal with the reliefs |
|-----|---------------------|---|
| (a) | Enter details here. | Enter details here.   |
| (b) | Enter details here. | Enter details here.   |
| (c) | Enter details here. | Enter details here.   |
| (d) | Enter details here. | Enter details here.   |

**Section A7: Reasons for seeking a Singapore order**

1. (Select only one option and complete the rest of **Section A7**)

There are good reasons for the Singapore court to grant an order for financial reliefs.

There is no reason for this Court to grant an order for financial reliefs.

2. Optional

Provide the reasons for your statement in question 1 (Section A7):

*Notes: For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*

|                     |
|---------------------|
| Enter details here. |
|---------------------|

## Annex 2: Child(ren) Details

Provide the details in Table 2-1 if your application is pursuant to an Interim Judgment / Judicial Separation in Singapore. Use a separate table for each child.

Provide the details in Table 2-2 if your divorce is in Syariah Court or obtained overseas.

### Table 2-1: Details of Child(ren)

Use Table 2-1 only if the Interim Judgment or Judicial Separation is granted in this Court.

|   |  |                         |  |
|---|--|-------------------------|--|
| <b>Name</b>   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>NRIC / FIN / Passport number</b>   | Enter NRIC/ FIN/ Passport no. here.                      | <b>Gender</b>           | <input type="checkbox"/> Female<br><input type="checkbox"/> Male |
| <b>Date of Birth (DD/MM/YYYY)</b>   | Enter date here.   | <b>Age</b>              | Enter age here.  |
| <b>Any health condition which will affect the child's living expenses or care arrangements?</b>   | Enter details here.                                      |                         |  |
| <b>Court orders / Proceedings relating to this Child</b>  |  |                         |  |
| <b>Is the child protected by an existing Personal Protection Order?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number (if issued by this Court):                   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | State the brief details of the order:                    |                         |  |
|   | Enter details here.                                      |                         |  |
| <b>Are there existing Youth Court order(s) or ongoing Youth Court proceedings?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of order:   | Enter date here.        |  |
|   | Nature of order / proceedings:                           | Enter details here.     |  |
|   | State the person against whom the order was made:        |                         |  |
|   | Enter full name as per NRIC/Passport here.               |                         |  |
| <b>Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |
|   | Case number:   | Enter case number here. |  |
|   | Date of arrangement:                                     | Enter date here.        |  |
|   | Expiry date of the arrangement:                          | Enter date here.        |  |

|   |   |                         |
|---|---|-------------------------|
| <b>Is there an existing court order for this child's maintenance?</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |
|   | Case number (if issued by this Court):                                | Enter case number here. |
|   | Date of order:  | Enter date here.        |
|   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Is there an existing court order for this child's living and contact arrangements?</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No              |                         |
|   | Case number (if issued by this Court):                                | Enter case number here. |
|   | Date of order:  | Enter date here.        |
|   | State the brief details of the order:                                 |                         |
|   | Enter details here.   |                         |
|   | Country in which the order was made (if issued outside of Singapore): | Enter country here.     |
| <b>Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?</b> | Enter details here.   |                         |

**Table 2-2: Details of Child(ren)**

Use Table 2-2 only if the divorce is obtained overseas or granted in Syariah Court.

| Details of children         | Child 1                                       | Child 2                                       | Child 3                                       | Child 4                                       | Child 5                                       |
|-----------------------------|---|---|---|---|---|
| <b>Name</b>                 | Enter child's full name (as per NRIC/passport | Enter child's full name (as per NRIC/passport | Enter child's full name (as per NRIC/passport | Enter child's full name (as per NRIC/passport | Enter child's full name (as per NRIC/passport |
| <b>NRIC/Passport Number</b> | Enter child's NRIC/passport no.               | Enter child's NRIC/passport no.               | Enter child's NRIC/passport no.               | Enter child's NRIC/passport no.               | Enter child's NRIC/passport no.               |
| <b>Date of Birth / Age</b>  | Enter date and/or age here                    | Enter date and/or age here                    | Enter date and/or age here                    | Enter date and/or age here                    | Enter date and/or age here                    |
| <b>Gender</b>               | Enter gender here                             | Enter gender here                             | Enter gender here                             | Enter gender here                             | Enter gender here                             |

|  |                     |                     |                     |                     |                     |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| <input type="checkbox"/> <b>Schooling</b><br><input type="checkbox"/> <b>Working</b><br><input type="checkbox"/> <b>Others</b> | Enter details here. | Enter details here. | Enter details here. | Enter details here. | Enter details here. |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|

## Section 15: Affirmation

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## Section 16: Exhibit Content Page

You must attach, with your application, a copy of the documents in Table 16-1 (if applicable) and all documents which you intend to rely on to support your position (collectively “Required Documents”).

If you are unable to provide the Required Documents, you must explain the lack of documents in Table 16-2.

You may wish to refer to Part 9, Rule 16 of the Family Justice (General) Rules 2024 for the consequences of not providing the Required Documents.

| <b>Table 16-1</b>                                |   |                     | <i>Notes</i>   |
|--|---|---------------------|--|
| <b>Exhibit number</b>                            | <b>Reference in Affidavit to the exhibit</b><br><i>(e.g. Paragraph 1 of Section 5)</i>  | <b>Page numbers</b> | <p><i>Use this content page if you have documents as exhibits.</i></p> <p><i>The page numbers for the exhibits should run consecutively from the last page of the affidavit or numbered differently for identification (e.g. E1, E2, E3, if the exhibit page starts as page 1).</i></p> <p><i>If any of the documents listed in Table 16-1 is not provided, complete <u>Table 16-2</u> in this <u>Section</u>.</i></p> |
| <b>Supporting Documents (Standard documents)</b> |   |                     |  |
| <b>Section 1</b>                                 |   |                     |  |
| E1   | Completed Notice of Syariah Court Proceedings Form (Form 58)  | Enter page no. here |  |
| E2   | Syariah Court commencement certificate (referred to in paragraph 3a of the Notice of Syariah Court Proceedings Form)              | Enter page no. here |  |
| E3   | Syariah Court continuation certificate (referred to in paragraph 3b of the Notice of Syariah Court Proceedings Form)              | Enter page no. here |  |
| E4   | Consent and Syariah Court certificate of attendance (referred to in paragraph 3c of the Notice of Syariah Court Proceedings Form) | Enter page no. here |  |
| <b>Section 3</b>                                 |   |                     |  |
| E5   | Statement of Affairs for Bankruptcy for self and/or ex-spouse (if “Yes” is answered for Section 3 questions 2a and/or 2c)         | Enter page no. here |  |
| E6   | Income and Expenditure Statement for self and/or ex-spouse (if “Yes” is answered for Section 3 questions 2a and/or 2c)            | Enter page no. here |  |

| <b>Section 4</b>          |   |                     |
|---------------------------|---|---------------------|
| E7                        | Court order relating to a minor child (excluding orders made in the current proceedings)  | Enter page no. here |
| E8                        | Medical report of a child.<br><br>Note: If the medical report relates to custody or welfare of the child and you do not have the Court's permission, do not exhibit the report in this affidavit. | Enter page no. here |
| <b>Section 6</b>          |   |                     |
| E9                        | Payslips or similar documents to show evidence of income for the past 6 months  | Enter page no. here |
| E10                       | Current employment contract OR similar evidence showing the current terms of my employment  | Enter page no. here |
| E11                       | Tax assessment notices or similar documents for the past 3 years  | Enter page no. here |
| E12                       | Updated ACRA search results or similar documents to show ownership of my businesses   | Enter page no. here |
| E13                       | Current tenancy agreement or similar evidence showing the rental I receive  | Enter page no. here |
| E14                       | Updated search results on my bankruptcy status from the Ministry of Law's Insolvency Office   | Enter page no. here |
| <b>Section 7</b>          |   |                     |
| E15                       | Documents to prove my monthly expenses  | Enter page no. here |
| E16                       | Documents to prove the child(ren)'s monthly expenses  | Enter page no. here |
| E17                       | Evidence that I have supported my dependents  | Enter page no. here |
| E18                       | Current maintenance order(s)  | Enter page no. here |
| E19                       | My medical report OR evidence of my incapacity to work  | Enter page no. here |
| <b>Section 8 (Part A)</b> |   |                     |



|                           |  |                     |
|---------------------------|--|---------------------|
| E20                       | Updated mortgage statement showing the outstanding mortgage loan   | Enter page no. here |
| E21                       | Updated valuation report or transaction history to show the value of the property                                      | Enter page no. here |
| <b>Section 8 (Part B)</b> |  |                     |
| E22                       | Updated bank account statements for the past 3 months  | Enter page no. here |
| <b>Section 8 (Part C)</b> |  |                     |
| E23                       | Updated CPF statement showing the balance in each account  | Enter page no. here |
| E24                       | Updated CPF investment account statements from the banks / investment companies  | Enter page no. here |
| E25                       | Updated statement showing the balance in the pension funds (excluding CPF)   | Enter page no. here |
| E26                       | Terms and conditions of the pension scheme OR similar evidence to show how the scheme works (excluding CPF)            | Enter page no. here |
| <b>Section 8 (Part D)</b> |  |                     |
| E27                       | Updated Central Depository Pte Ltd statements OR similar evidence to show the balance and details of my investments    | Enter page no. here |
| E28                       | Updated ACRA search results OR similar evidence to show my shareholdings   | Enter page no. here |
| E29                       | Evidence of the value of my investments or shares  | Enter page no. here |
| <b>Section 8 (Part E)</b> |  |                     |
| E30                       | Insurance policy documents OR similar evidence to show the surrender values and beneficiaries of my insurance policies | Enter page no. here |
| E31                       | Evidence of my insurance premiums and the payment mode   | Enter page no. here |
| <b>Section 8 (Part F)</b> |  |                     |
| E32                       | Evidence of vehicle ownership  | Enter page no. here |
| E33                       | Updated hire purchase statement  | Enter page no. here |

| <b>Section 8 (Part G)</b>          |   |                     |
|------------------------------------|---|---------------------|
| E34                                | Valuation report OR similar documents to show value of items  | Enter page no. here |
| <b>Section 8 (Part H)</b>          |   |                     |
| E35                                | Evidence of the debts owed to me  | Enter page no. here |
| <b>Section 9</b>                   |   |                     |
| E36                                | Updated statements OR similar documents to show the outstanding balance                               | Enter page no. here |
| E37                                | Evidence to show why the debt was incurred  | Enter page no. here |
| <b>Section 11</b>                  |   |                     |
| E38                                | Evidence to show why the assets are not matrimonial assets  | Enter page no. here |
| E39                                | Updated CPF housing withdrawal statement OR similar evidence to show use of CPF monies for the assets | Enter page no. here |
| E40                                | Evidence of other payments made for the purchase of the assets  | Enter page no. here |
| <b>Other supporting documents:</b> |   |                     |
| <b>Exhibit No.</b>                 | <b>Name of document</b>   | <b>Page number</b>  |
| E41                                | Enter name of document here.  | Enter page no. here |
| E42                                | Enter name of document here.  | Enter page no. here |
| E43                                | Enter name of document here.  | Enter page no. here |
| E44                                | Enter name of document here.  | Enter page no. here |
| E45                                | Enter name of document here.  | Enter page no. here |

(Expand the table if required)

*In addition to the standard documents, you must exhibit evidence which supports your statements in this Affidavit. These additional documents are to be included as "Other supporting documents".*

**Table 16-2**

*If any of the Required Document(s) listed in Table 16-1 is not provided, state your reasons below.*

| <b>State the name of the Required Document not provided</b> | <b>(c) State the reasons for lack of document<br/>(d) If alternative document is provided instead, state the alternative document.</b> |
|---|--|
| Enter details here.   |  |
| Enter details here.   | Enter details here.  |
| Enter details here.   | Enter details here.  |
| Enter details here.   | Enter details here.  |
| Enter details here.   | Enter details here.  |

(Expand the table if required)

*Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.*

*The exhibits are to be attached from this page onwards.*

*The exhibit cover page in accordance with the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024 to be placed between each distinct exhibit.*

## Summons for Further Affidavits

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This Form, when submitted to the Court as a Summons, will be generated in accordance with the layout of the generated Summons (Form 67).

### Section 1: Application

1. I am
  - the Applicant in Enter main case number here.
  - the Respondent in Enter main case number here.
  - Enter name or party type here in Enter main case number here.
  
2. This summons is filed against
  - the Applicant.
  - the Respondent.
  - Enter name or party type here.

#### Notes

*You may refer to the Originating Application or for your party type.*

*Please state the OA case number i.e. FC/OAD 1/2022 and not the sub-case number.*

*If the summons do not involve another party, you do not need to complete question 2.*

*If the summons is against a person who is not an existing party to the proceedings, you must provide the details of the person in Section B of the Originating Application: Generic Sections (Form 53B).*

### PART A

I am applying for:

1. the Court's approval to file an affidavit on the issues in the Annexure (**Approval for Further Affidavits**).
  
2. State the reliefs which you are claiming here.

3. State the reliefs which you are claiming here.

## PART B

4. Costs of this summons

- Costs in the cause.
- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by

Enter name or party type here.

- Costs to be reserved to

Enter event here.

- Others:

Enter details here.

*Costs in the cause means the costs of this application will be decided at and will depend on the outcome of the main proceedings.*

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*

## PART C

- 5a.  The reasons / evidence for this summons are stated in the supporting affidavit.
- 5b.  The summons is filed without a supporting affidavit. I will refer to the following affidavits to support this summons:

*Please complete the table below.*

| <i>Person who filed the affidavit</i> | <i>Date of filing</i> |
|---------------------------------------|-----------------------|
| Enter details here.                   | Enter date here.      |
| Enter details here.                   | Enter date here.      |
| Enter details here.                   | Enter date here.      |

*If you are relying on any factual statement or evidence to support this summons, you must file a supporting affidavit. You may use the Generic Affidavit (Form 54).*

- 5c.  I do not intend to rely on any evidence / facts and will not file a separate affidavit to support this summons.

## Annexure: Approval for Further Affidavits

Please annex the completed Approval for Further Affidavits (Form 16B).

## Section 2: Affirmation

Where the facts in the Annexure are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

Insert the affirmation clause here only if you are **not** filing a supporting affidavit. The summons is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

**The Summons when filed will be generated with the Instructions to the Responding Party for service.**

PDF UPLOAD

### Approval for Further Affidavits: The Applying Party’s (“A”) Table

Case No.: Enter case no. here

Date: Enter date here

**Each row should contain only 1 subject matter or paragraph.  
Please number each row consecutively.**

| <input type="checkbox"/> I intend to reply to the following affidavit:<br>Complete (I) and (II). |   | (I) Party who filed the affidavit:  |   | (II) Filing date of affidavit:  |  |
|--|---|---|---|---|--|
| <input type="checkbox"/> I intend to file an affidavit to address these issues:                  |   | Enter name or party type here.  |   | Enter date here.  |  |
| No.  | The issue / allegation I want to address in the proposed affidavit. | Reference in the affidavit (i.e. the paragraphs I am replying to).<br><br>State “Nil” if there is no reference. | a) Relevance to the disputed issues.<br>b) What is the disputed issue?<br>c) Explain how the allegation is connected to the disputed issue. | Reasons (explain briefly)<br>a) New assertion made.<br>b) New developments. State when the new matter arose and the date of your last affidavit.<br>c) New evidence. State when you obtained the evidence, the date of your last affidavit and why the evidence could not be obtained earlier with reasonable efforts.<br>d) Other reasons. |  |
| S/No   | Enter details here.   | Enter details here.   | Enter details here.   | Enter details here.   |  |
| S/No   | Enter details here.   | Enter details here.   | Enter details here.   | Enter details here.   |  |

|      |                     |                     |                     |                     |
|------|---------------------|---------------------|---------------------|---------------------|
| S/No | Enter details here. | Enter details here. | Enter details here. | Enter details here. |
| S/No | Enter details here. | Enter details here. | Enter details here. | Enter details here. |
| S/No | Enter details here. | Enter details here. | Enter details here. | Enter details here. |



## Reply to Approval for Further Affidavits: The Responding Party's ("R") Table

Case number: Enter the Summons no. here.

Notes

I am responding to the Summons for Further Affidavits dated Enter date here.

- To explain my response, I will rely on the previous affidavit filed on Enter date here by Enter name or party type here.
- I will not be relying on any affidavit.
- I will rely on a new affidavit.

*If you are relying on affidavit evidence, you may wish to refer to the paragraphs / page numbers in the affidavit(s) in your explanation in this Table.*

*If you are not filing a new affidavit, you must affirm this document by inserting the affirmation clause on the last page.*

| No. in A's Table | <b>Do you agree that A can file an affidavit on the issues stated?</b><br>Please tick the boxes. |                          | Why do you <b>disagree</b> ? Choose the closest reason or state other reasons. Provide a brief explanation to your reason(s). |
|------------------|--|--------------------------|---|
|                  | Agree  | Disagree                 |   |
| S/No             | <input type="checkbox"/>   | <input type="checkbox"/> | Enter your reason and provide a brief explanation here.   |
| S/No             | <input type="checkbox"/>   | <input type="checkbox"/> | Enter your reason and provide a brief explanation here.   |

|      |                          |                          |   |
|------|--------------------------|--------------------------|---|
| S/No | <input type="checkbox"/> | <input type="checkbox"/> | Enter your reason and provide a brief explanation here. |
| S/No | <input type="checkbox"/> | <input type="checkbox"/> | Enter your reason and provide a brief explanation here. |
| S/No | <input type="checkbox"/> | <input type="checkbox"/> | Enter your reason and provide a brief explanation here. |

## **Affirmation**

Where the facts in the Responding Party's Table are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

Insert the affirmation clause here only if you are **not** filing a supporting affidavit. The Responding Party's Table is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

P.2, r.18 FJ(G)R 2024,  
 Para 29(2) PD 2024

## **Binding Summary of Positions (“SOPO”)**

### **Why is this Form important?**

This Form contains both parties’ FINAL positions for the hearing of ancillary matters.

Both parties must confirm that your positions are accurately set out by signing the Form even if you are represented by lawyers.

### **How do you complete this Form?**

This Form must be completed by BOTH parties. As guidance, you may wish to refer to the relevant sections in your respective affidavits filed for ancillary matters (eg. ancillary affidavits, disclosure affidavits) to complete this Form.

The Applicant (**A**) will start the process by completing his/her part of the Form indicated as “Husband” or “Wife”. **A** will provide the partially completed Form in soft copy to the Respondent (**R**).

**R** will complete his/her part of the Form and include his/her response to **A**’s position (where applicable). **R** signs the Form and returns the Form in soft copy to **A**.

**A** will complete his/her response to **R**’s position (where applicable) in the returned Form. **A** signs the Form and files the completed Form in Court.

**A** is to serve the completed Form on **R**.

During the hearing, the Court will use this Form with (a) parties’ Written Submissions (“WS”) and (b) Core Bundle of documents (“CB”).

In this Form, you are required to cross-refer to the CB and the WS. Please ensure that the references are accurate.

This form contains Notes to help you in the completion of the Form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

|           |                        |                    |                           |                       |
|-----------|------------------------|--------------------|---------------------------|-----------------------|
|           | If you are asking for: |                    |                           |                       |
| Complete: | Child(ren) orders      | Division of assets | Maintenance of child(ren) | Maintenance of wife / |

|  |   |   |   | incapacitated<br>husband |
|--|---|---|---|--------------------------|
| Section A  | ✓ | ✓ | ✓ | ✓                        |
| Section 1  | ✓ | ✓ | ✓ | ✓                        |
| Section 2  | ✓ |   | ✓ |                          |
| Section 3  |   | ✓ |   |                          |
| Section 4  |   |   | ✓ |                          |
| Section 5  |   |   |   | ✓                        |
| Section 6  | ✓ | ✓ | ✓ | ✓                        |
| If you are seeking for orders relating to all of the above, please complete <u>all</u> sections. |   |   |   |                          |

**The Form for completion is from the next page onwards. This cover note need not be included in the filed SOPO.**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Originating Application

Between

No. FC/OA [number]/[year]

[Applicant's name]

[ID No.]

Sub Case No. [number]/[year]<sup>1</sup>

... Applicant(s)

And

[Respondent's name]

[ID No.]

... Respondent(s)

**BINDING SUMMARY OF POSITIONS (“SOPO”)**

|   |   |
|---|---|
| <b>Version:</b>   |   |
| <input type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Revised with Court's approval dated:</b> <i>Enter date here.</i> |   |
| <b>Case number:</b> <input type="checkbox"/> <b>FC</b> <input type="checkbox"/> <b>HCFD / OAD</b> <i>Enter case number here</i>       | <b>Parties' positions as of</b> <i>Enter date here.</i> |

<sup>1</sup> To insert sub-case details if relevant.

## Section A: Acronyms used in this SOPO

Fill in the date(s) of filing for the stated documents. Insert more rows as needed.

| S/N | Documents                  | Husband          |         | Wife             |         |
|-----|----------------------------|------------------|---------|------------------|---------|
|     |                            | Date of filing   | Acronym | Date of filing   | Acronym |
| 1.  | First Ancillary Affidavit  | Enter date here. | HAA1    | Enter date here. | WAA1    |
| 2.  | Second Ancillary Affidavit | Enter date here. | HAA2    | Enter date here. | WAA2    |
| 3.  | Disclosure Affidavit       | Enter date here. | HDA1    | Enter date here. | WDA1    |
| 4.  | Core Bundle Document       | Enter date here. | HCB     | Enter date here. | WCB     |
| 5.  | Written Submissions        | Enter date here. | HWS     | Enter date here. | WWS     |

## Section 1: Background Information

Complete all details in Section 1.

| S/N | Particulars   | Husband   | Wife | Remarks  |
|-----|---|---|------|--|
| 1.  | Length of Marriage up to<br><input type="checkbox"/> date of interim judgment | [HAA1 / WAA1: Section 4, qn. 1]<br>Enter date here. |      | Use this column to identify the evidence in Ancillary Affidavits, Core Bundle and Written Submissions. |

|     |   |  |  |  |
|-----|---|--|--|--|
|     | <input type="checkbox"/> date of judgement of judicial separation<br><input type="checkbox"/> date of divorce / nullity / judicial separation |  |  |  |
| 2.  | <b>Date of Interim Judgment Judicial Separation / Foreign divorce / Syariah Court divorce (“Dissolution”)</b>                                 | [HAA1 / WAA1: Section 4, qn. 2]<br>Enter date here.                                      |  |  |
| 2a. | <b>Date / Period when the marriage broke down</b>   | [HAA1 / WAA1: Section 4, qn. 3]<br>Enter date here.                                      | [HAA1 / WAA1: Section 4, qn. 3]<br>Enter date here.                                      |  |
| 3.  | <b>Current age of parties</b>   | Party’s input  | Party’s input  |  |
| 4.  | <b>Educational / Professional qualifications where applicable</b>   | [HAA1: Section 4, qn. 5]<br>Enter details here.  | [WAA1: Section 4, qn. 5]<br>Enter details here.  |  |
| 5.  | <b>Occupation</b>   | [HAA1: Section 5, qn.2 / 3 and 4]<br>Enter details here.                                 | [WAA1: Section 5, qn.2 / 3 and 4]<br>Enter details here.                                 |  |
| 6.  | <b>Monthly Income (based on average annual income of SGD ____ including bonuses based on latest Notice of Assessment)</b>                     | [HAA1: Section 6 Monthly Total]<br>Gross: Enter amount here.<br>Nett: Enter amount here. | [WAA1: Section 6 Monthly Total]<br>Gross: Enter amount here.<br>Nett: Enter amount here. | HAA1: Section 16 Table 16-1, items [9], [10], [11], [12], [13], [14].<br>WAA1: Section 16 Table 16-1, items [9], [10], [11], [12], [13], [14]. |



## Section 2: Children's Issues

Complete the details in Section 2 if you are seeking orders relating to child(ren). Otherwise, proceed to Section 3.

### 2a. Details of children:

| Full Name  | Date of Birth   | Age<br><i>(this calendar year)</i>                      | Remarks<br><i>(include educational / professional qualifications where applicable)</i>   |
|--|---|---|--|
| <i>[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 Name]</i><br>Enter name here. | <i>[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 DOB]</i><br>Enter date here. | <i>[Auto-calculate based on DOB]</i><br>Enter age here. | <i>[HAA1 / WAA1: Annex 2 Table 2-1: Court orders / proceedings relating to this Child. If there is input in the following items: (a) Youth Court, (b) MSF voluntary arrangement, (c) existing court order for living and contact arrangements]</i><br><br><i>Documents: Section 16 Table 16-1 Items [7], [8]</i> |
|  |   |   |  |
|  |   |   |  |

### 2b. Parties' positions:

Use 1 table if the positions apply to all children. Otherwise, use a separate table if the positions differ with each child.

For:  All children  Child: Party's input

|                           |                        |
|---------------------------|------------------------|
| <b>Husband's Position</b> | <b>Wife's Position</b> |
|---------------------------|------------------------|

|    |   |   |   |
|----|---|---|---|
| 1. | <b>Position on custody, care and control and access</b> | <i>[HAA1: Section 14 1(d)]</i><br>Enter brief details here. | <i>[WAA1: Section 14 1(d)]</i><br>Enter brief details here. |
|----|---|---|---|

**Details of proposed future arrangements**

|    |   | <b>Husband's position</b>   | <b>W's views on H's position:</b><br><i>(Agree / Disagree. State briefly in point form)</i> | <b>Wife's position</b>  | <b>H's views on W's position:</b><br><i>(Agree / Disagree. State briefly in point form)</i> |
|----|---|---|---|---|---|
| 2. | State who the child(ren) will live with in future:  | <i>[HAA1: Section 13 Table 13-1 (h)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (h)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   |
| 3. | Provide brief details of this arrangement:  | <i>[HAA1: Section 13 Table 13-1 (i)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (i)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   |
| 4. | State the contact which the child(ren) will have with the parent who is not living with the child(ren):<br><br>Provide details such as frequency and length of contact. | <i>[HAA1: Section 13 Table 13-1 (j)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (j)]</i><br>Enter brief details here. | State your view.<br><br>Enter brief reasons here.   |

## **Section 3: Division of Assets**

*Complete the details in Section 3 if you are seeking orders relating to division of assets. Otherwise, proceed to Section 4.*

*All assets in both parties' Ancillary affidavits should be listed only once in Section 3 and should not be listed in multiple sections. This includes assets which one party claims is not a "matrimonial asset" and should not be included in the matrimonial pool. If parties cannot agree on a particular asset being a matrimonial asset, the asset should still be included in this section, with the parties' positions reflected under 'Remarks'. Each party is to specify whether the dispute is on the inclusion of the asset itself, or on the value of the asset.*

*Asset(s) where the value is/are known/stated ("quantifiable assets") should be listed in Sections 3a to 3c. If an asset is of unknown value, or it is claimed by one party that there are other "unknown" assets of the other party which should be included in the matrimonial pool or there is any claim that an adverse inference should be drawn against one party regarding unknown assets ("Unquantifiable assets"), such assets should be listed in Section 3e.*

*Each identifiable asset should be listed in a separate row. Insert additional rows in the applicable sub-section where required.*

*All references should be made to the Core Bundle (for the evidence) and Written Submissions (to support your position on the asset) only.*

### Preliminary

| <b>Item</b> | <b>H's position</b> | <b>W's position</b> | <b>Remarks</b> |
|-------------|---------------------|---------------------|----------------|
|-------------|---------------------|---------------------|----------------|

|  |   |                              |   |                              |  |
|--|---|------------------------------|---|------------------------------|--|
| Date for ascertaining pool of assets <sup>2</sup> (“Cut-off date”)                                 | Select a date.<br>If ‘Others’ is selected: Enter date here. |                              | Select a date.<br>If ‘Others’ is selected: Enter date here. |                              |  |
| Date for determining value of assets <sup>3</sup>  | Select a date.<br>If ‘Others’ is selected: Enter date here. |                              | Select a date.<br>If ‘Others’ is selected: Enter date here. |                              |  |
| Exchange rate to be applied<br><br><i>(State if there is any dispute and the basis of dispute)</i> | <b>Currency</b>   | <b>Rate to 1 SGD</b>         | <b>Currency</b>   | <b>Rate to 1 SGD</b>         |  |
|  | <i>For e.g. USD</i><br>Party’s input                        | <i>0.74</i><br>Party’s input | <i>For e.g. USD</i><br>Party’s input                        | <i>0.74</i><br>Party’s input |  |
|  | <i>For e.g. MYR</i><br>Party’s input                        | <i>2.9</i><br>Party’s input  | <i>For e.g. MYR</i><br>Party’s input                        | <i>2.9</i><br>Party’s input  |  |

### 3a. Joint Assets (Quantifiable)

| S/N | Asset<br><i>(with related</i> | H’s Value / Date of Valuation | Pg Ref to CB | W’s Position on This Asset <sup>4</sup> | W’s Value / Date of Valuation | Pg Ref to CB | H’s Position on |
|-----|-------------------------------|-------------------------------|--------------|---|-------------------------------|--------------|-----------------|
|-----|-------------------------------|-------------------------------|--------------|---|-------------------------------|--------------|-----------------|

<sup>2</sup> The applicable options are: Interim Judgment date / Ancillary hearing date / Date of separation / Others. To state the date.

<sup>3</sup> The applicable options are: Interim Judgment date / Ancillary hearing date / Date of separation / Others. To state the date.

<sup>4</sup> The applicable options are: Agree with other party’s position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

|    | <i>liability)</i>  |  | <b>and WS</b>                  | <i>(If you disagree, select the reasons from the drop-down options. If “Others” is selected, state in point form or refer to the relevant part of the WS.)</i> |  | <b>and WS</b>                  | <b>This Asset<sup>5</sup></b><br><i>(State brief reasons in point form unless you selected “Agree”)</i> |
|----|--|--|--------------------------------|--|--|--------------------------------|---|
| 1. | <i>For e.g. Property ABC (with outstanding mortgage)<br/><br/>[HAA1 / WAA1: Section 8 Part A if indicated as a joint asset]<br/><br/>Party’s input</i> | <i><b>Gross value:</b> [HAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]<br/><br/>Enter amount here.<br/><br/><b>Outstanding mortgage:</b> [HAA1: Section 8: outstanding mortgage]<br/><br/>Enter amount here.<br/><br/><b>NET VALUE:</b></i> | <b>CB pg x<br/>WS pg<br/>x</b> | Select the closest statement<br><br>Enter brief reasons here.  | <i><b>Gross value:</b> [WAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]<br/><br/>Enter amount here.<br/><br/><b>Outstanding mortgage:</b> [WAA1: Section 8: outstanding mortgage]<br/><br/>Enter amount here.<br/><br/><b>NET VALUE:</b> [Gross value LESS</i> | <b>CB pg x<br/>WS pg<br/>x</b> | Select the closest statement<br><br>Enter brief reasons here.   |

<sup>5</sup> The applicable options are: Agree with other party’s position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

|    |   |  |                       |   |  |                       |   |
|----|---|--|-----------------------|---|--|-----------------------|---|
|    |   | <i>[Gross value LESS Outstanding mortgage]</i><br>Enter amount here.<br><i>As at: [Date of HAA1]</i><br>Enter date here.                                 |                       |   | <i>Outstanding mortgage]</i><br>Enter amount here.<br><i>As at: [Date of WAA1]</i><br>Enter date here.   |                       |   |
| 2. | <i>For e.g. Bank account(s)</i><br><i>[HAA1 / WAA1: Section 8 Part B if indicated as a joint asset]</i><br>Party's input                        | <b>Balance:</b> <i>[HAA1: Section 8: Part B: Balance amount]</i><br>Enter amount here.<br><b>As at</b> <i>[HAA1: date indicated]</i><br>Enter date here. | CB pg x<br>WS pg<br>x | Select the closest statement<br>Enter brief reasons here. | <b>Balance:</b> <i>[WAA1: Section 8: Part B: Balance amount]</i><br>Enter amount here.<br><b>As at</b> <i>[WAA1: date indicated]</i><br>Enter date here. | CB pg x<br>WS pg<br>x | Select the closest statement<br>Enter brief reasons here. |
| 3. | <i>For e.g. Shares, Stocks and Bonds (Investments)</i><br><i>[HAA1 / WAA1: Section 8 Part D if indicated as a joint asset]</i><br>Party's input | <b>Value:</b> <i>[HAA1: Section 8: Part D: Total amount]</i><br>Enter amount here.<br><b>As at</b> <i>[HAA1: date indicated]</i><br>Enter date here.     | CB pg x<br>WS pg<br>x | Select the closest statement<br>Enter brief reasons here. | <b>Value:</b> <i>[WAA1: Section 8: Part D: Total amount]</i><br>Enter amount here.<br><b>As at</b> <i>[WAA1: date indicated]</i><br>Enter date here.     | CB pg x<br>WS pg<br>x | Select the closest statement<br>Enter brief reasons here. |
|    | <b>Sub-total</b>  | Party's input  |                       |   | Party's input  |                       |   |

3b. Husband's assets (Quantifiable)

| S/N | Asset<br>(with related liability)  | H's Value / date of valuation  | Pg Ref to CB | W's position on this asset <sup>6</sup><br><i>(State brief reasons in point form unless you selected "Agree")</i> | W's value / date of valuation               | Pg Ref to CB | H's position on this asset <sup>7</sup><br><i>(State brief reasons in point form unless you selected "Agree")</i> |
|-----|--|--|--------------|---|---|--------------|---|
| 4.  | <i>For e.g. Bank account(s)</i><br><i>[HAA1: Not indicated as a joint asset: Section 8: Part B]</i><br>Party's input | <i>Balance: [HAA1: Section 8: Part B: Balance amount]</i><br>Enter amount here.<br><i>As at [HAA1: date indicated]</i><br>Enter date here. | CB pg x      | Select the closest statement<br>Enter brief reasons here.   | <i>Balance: xxx</i><br><i>As at: ddmmyy</i> | CB pg x      | Select the closest statement<br>Enter brief reasons here.   |
| 5.  | <i>For e.g. CPF</i><br><i>[HAA1: Not indicated as a joint asset: Section 8: Part C]</i>                              | <i>Value: [HAA1: Section 8: Part C: Balance amount]</i><br>Enter amount here.<br><i>As at [HAA1: date</i>                                  | CB pg x      | Select the closest statement<br>Enter brief reasons here.   | <i>Value: xxx</i><br><i>As at: ddmmyy</i>   | CB pg x      | Select the closest statement<br>Enter brief reasons here.   |

<sup>6</sup> The applicable options are: Agree with other party's position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

<sup>7</sup> The applicable options are: Agree with other party's position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

|    |   |  |         |   |   |         |   |
|----|---|--|---------|---|---|---------|---|
|    | Party's input   | <i>indicated]</i><br>Enter date here.  |         |   |   |         |   |
| 6. | <i>For e.g. Shares, Stocks and bonds (Investments)</i><br><i>[HAA1: Not indicated as a joint asset: Section 8: Part D: Name of the business]</i><br>Party's input | <b>Value:</b> <i>[HAA1: Section 8: Part D: Total amount]</i><br>Enter amount here.<br><b>As at</b> <i>[HAA1: date indicated]</i><br>Enter date here.       | CB pg x | Select the closest statement<br>Enter brief reasons here. | <b>Value:</b> <i>xxx</i><br><b>As at:</b> <i>ddmmyy</i> | CB pg x | Select the closest statement<br>Enter brief reasons here. |
| 7. | <i>For e.g. Insurance policies</i><br><i>[HAA1: Section 8: Part E: Name of insurer + policy number + type of insurance]</i><br>Party's input                      | <b>Surrender Value:</b> <i>[HAA1: Section 8: Part E: Surrender value]</i><br>Enter amount here.<br><b>As at:</b> <i>[Date of HAA1]</i><br>Enter date here. | CB pg x | Select the closest statement<br>Enter brief reasons here. | <b>Value:</b> <i>xxx</i><br><b>As at:</b> <i>ddmmyy</i> | CB pg x | Select the closest statement<br>Enter brief reasons here. |
| 8. | <i>For e.g. Car</i><br><i>[HAA1: Section 8: Part F: vehicle number]</i><br>Party's input  | <b>Gross value:</b> <i>[HAA1: Section 8: Part F: Market value]</i><br>Enter amount here.   | CB pg x | Select the closest statement<br>Enter brief reasons here. | <b>Value:</b> <i>xxx</i><br><b>As at:</b> <i>ddmmyy</i> | CB pg x | Select the closest statement<br>Enter brief reasons here. |



|     |  |  |         |  |  |         |  |
|-----|--|--|---------|--|--|---------|--|
|     |  | <p><i>Outstanding hire purchase: [HAA1: Section 8: Part F: outstanding hire purchase]</i></p> <p>Enter amount here.</p> <p><b>NET VALUE:</b><br/> <i>[Gross value LESS Outstanding hire purchase]</i></p> <p>Enter amount here.</p> <p><i>As at [HAA1: date indicated]</i></p> <p>Enter date here.</p> |         |  |  |         |  |
| 9.  | <p><i>For e.g. Other valuables</i><br/> <i>[HAA1: Section 8: Part G: description of item]</i><br/> Party's input</p> | <p><b>Market value:</b><br/> <i>[HAA1: Section 8: Part G: Market value]</i></p> <p>Enter amount here.</p> <p><i>As at [HAA1: date indicated]</i></p> <p>Enter date here.</p>   | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><i>Value: xxx</i><br/> <i>As at: ddmmyy</i></p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |
| 10. | <p><i>For e.g. Debts <u>due to the party</u></i></p>   | <p><b>Amount of debt:</b><br/> <i>[HAA1: Section 8: Part H: Amount of</i></p>  | CB pg x | <p>Select the closest statement</p>                                  | <p><i>Amount of debt: xxx</i></p>                  | CB pg x | <p>Select the closest statement</p>                                  |

|   |   |  |         |   |                            |         |   |
|---|---|--|---------|---|----------------------------|---------|---|
|   | [HAA1: Section 8:<br>Part H: name of<br>debtor and nature<br>of debt]<br><br>Party's input  | debt due to H]<br><br>Enter amount here.   |         | Enter brief reasons<br>here.  |                            |         | Enter brief<br>reasons here.  |
| <b>Standalone liabilities: Entries in yellow boxes are calculated as negative value in the total pool of assets</b> |   |  |         |   |                            |         |   |
| 11.   | For e.g. Liability:<br>Debts <u>owed by the</u><br>party<br><br>[HAA1: Section 9:<br>Name of creditor<br>and nature of debt]<br><br>Party's input | Amount<br>outstanding:<br><br>(Deduct) [HAA1:<br>Section 9: Amount<br>outstanding]<br><br>Enter amount here. | CB pg x | Select the closest<br>statement<br><br>Enter brief<br>reasons here. | Amount<br>outstanding: xxx | CB pg x | Select the closest<br>statement<br><br>Enter brief<br>reasons here. |
|   | <u>Sub-total</u><br><br>(Assets LESS<br><u>Standalone</u><br><u>liabilities</u> )   | Party's input  |         |   | Party's input              |         |   |

### 3c. Wife's assets (Quantifiable)

| S/N | Asset<br><br>(with related<br>liability) | W's Value / date of<br>valuation | Pg Ref<br>to CB | H's position on | H's value / date of<br>valuation | Pg Ref<br>to CB | W's position on |
|-----|--|----------------------------------|-----------------|-----------------|----------------------------------|-----------------|-----------------|
|-----|--|----------------------------------|-----------------|-----------------|----------------------------------|-----------------|-----------------|

|     |  |  |         | <b>this asset<sup>8</sup></b><br><i>(State brief reasons in point form unless you selected "Agree")</i> |   |         | <b>this asset<sup>9</sup></b><br><i>(State brief reasons in point form unless you selected "Agree")</i> |
|-----|--|--|---------|---|---|---------|---|
| 12. | <i>For e.g. Bank account(s)</i><br><i>[WAAI: Not indicated as a joint asset: Section 8: Part B]</i><br>Party's input | <b>Balance:</b> <i>[WAAI: Section 8: Part B: Balance amount]</i><br>Enter amount here.<br><b>As at</b> <i>[WAAI: date indicated]</i><br>Enter date here. | CB pg x | Select the closest statement<br>Enter brief reasons here.   | <b>Balance:</b> <i>xxx</i><br><b>As at:</b> <i>ddmmyy</i> | CB pg x | Select the closest statement<br>Enter brief reasons here.   |
| 13. | <i>For e.g. CPF</i><br><i>[WAAI: Not indicated as a joint asset: Section 8: Part C]</i><br>Party's input             | <b>Value:</b> <i>[WAAI: Section 8: Part C: Balance amount]</i><br>Enter amount here.<br><b>As at</b> <i>[WAAI: date indicated]</i><br>Enter date here.   | CB pg x | Select the closest statement<br>Enter brief reasons here.   | <b>Value:</b> <i>xxx</i><br><b>As at:</b> <i>ddmmyy</i>   | CB pg x | Select the closest statement<br>Enter brief reasons here.   |

<sup>8</sup> The applicable options are: Agree with other party's position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

<sup>9</sup> The applicable options are: Agree with other party's position / Not a matrimonial asset: acquired before marriage / Not a matrimonial asset: inheritance / Not a matrimonial asset: acquired after cut-off date / Asset dissipated / Asset not disclosed / Asset expended/transferred / Asset under-valued / Asset overvalued / Value without basis / Value not updated / Liability should be borne jointly / Liability should be borne by 1 party. State party. / Others. Explain briefly.

|     |   |   |         |  |  |         |  |
|-----|---|---|---------|--|--|---------|--|
| 14. | <p><i>For e.g. Shares, Stocks and bonds (Investments)</i></p> <p>[WAAI: Not indicated as a joint asset: Section 8: Part D: Name of the business]</p> <p>Party's input</p> | <p><b>Value:</b> [WAAI: Section 8: Part D: Total amount]</p> <p>Enter amount here.</p> <p><b>As at</b> [WAAI: date indicated]</p> <p>Enter date here.</p>       | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><b>Value:</b> xxx</p> <p><b>As at:</b> ddmmyy</p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |
| 15. | <p><i>For e.g. Insurance policies</i></p> <p>[WAAI: Section 8: Part E: Name of insurer + policy number + type of insurance]</p> <p>Party's input</p>                      | <p><b>Surrender Value:</b> [WAAI: Section 8: Part E: Surrender value]</p> <p>Enter amount here.</p> <p><b>As at:</b> [Date of WAAI]</p> <p>Enter date here.</p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><b>Value:</b> xxx</p> <p><b>As at:</b> ddmmyy</p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |
| 16. | <p><i>For e.g. Car</i></p> <p>[WAAI: Section 8: Part F: vehicle number]</p> <p>Party's input</p>  | <p><b>Gross value:</b> [WAAI: Section 8: Part F: Market value]</p> <p>Enter amount here.</p> <p><b>Outstanding hire purchase:</b> [WAAI: Section 8: Part F:</p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><b>Value:</b> xxx</p> <p><b>As at:</b> ddmmyy</p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |

|     |   |   |         |  |  |         |  |
|-----|---|---|---------|--|--|---------|--|
|     |   | <p><i>outstanding hire purchase]</i></p> <p>Enter amount here.</p> <p><b>NET VALUE:</b><br/> <i>[Gross value LESS Outstanding hire purchase]</i></p> <p>Enter amount here.</p> <p><i>As at [WAA1: date indicated]</i></p> <p>Enter date here.</p> |         |  |  |         |  |
| 17. | <p><i>For e.g. Other valuables</i></p> <p><i>[WAA1: Section 8: Part G: description of item]</i></p> <p>Party's input</p>  | <p><b>Market value:</b><br/> <i>[WAA1: Section 8: Part G: Market value]</i></p> <p>Enter amount here.</p> <p><i>As at [WAA1: date indicated]</i></p> <p>Enter date here.</p>  | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><i>Value: xxx</i></p> <p><i>As at: ddmmyy</i></p> | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |
| 18. | <p><i>For e.g. Debts <u>due to</u> the party</i></p> <p><i>[WAA1: Section 8: Part H: name of debtor and nature of</i></p> | <p><b>Amount of debt:</b><br/> <i>[WAA1: Section 8: Part H: Amount of debt due to W]</i></p> <p>Enter amount here.</p>  | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> | <p><i>Amount of debt: xxx</i></p>                    | CB pg x | <p>Select the closest statement</p> <p>Enter brief reasons here.</p> |

|   |  |   |         |   |                                |         |   |
|---|--|---|---------|---|--------------------------------|---------|---|
|   | debt]<br>Party's input   |   |         |   |                                |         |   |
| <b>Standalone liabilities: Entries in yellow boxes are calculated as negative value in the total pool of assets</b> |  |   |         |   |                                |         |   |
| 19.   | <i>For e.g. Liability: Debts <u>owed by the party</u></i><br>[WAA1: Section 9: Name of creditor and nature of debt]<br>Party's input | <b>Amount outstanding:</b><br><i>(Deduct) [WAA1: Section 9: Amount outstanding]</i><br>Enter amount here. | CB pg x | Select the closest statement<br>Enter brief reasons here. | <b>Amount outstanding: xxx</b> | CB pg x | Select the closest statement<br>Enter brief reasons here. |
|   | <u>Sub-total</u><br><u>(Assets LESS Standalone liabilities)</u>  | Party's input   |         |   | Party's input                  |         |   |

### 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 be renumbered to match the s/n of the corresponding item in Sections 3a to 3c (ie. [section]-[s/n] eg. 3a-1).

| S/N | Item<br>(in accordance with Sections 3a–3c) | H's position             |              | W's view on H's position<br><i>(State brief)</i> | W's position             |              | H's view on W's position<br><i>(State brief)</i> |
|-----|---|--------------------------|--------------|--|--------------------------|--------------|--|
|     |   | H's Direct Contributions | Pg Ref to CB |  | W's Direct contributions | Pg Ref to CB |  |

|    | <i>[Section 11: Item 2]</i>  |                                       |         | <i>reasons in point form if you disagree)</i> |                                       |         | <i>reasons in point form if you disagree)</i> |
|----|--|---------------------------------------|---------|---|---------------------------------------|---------|---|
| 1. | <i>For e.g. CPF Property ABC (with outstanding mortgage)<br/>Party's input</i> | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |
|    | <i>For e.g. Cash downpayment Property ABC<br/>Party's input</i>                | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |
| 2. | <i>For e.g. Cash downpayment Company XYZ<br/>Party's input</i>                 | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |
| 3. | <i>For e.g. Husband's CPF accounts<br/>Party's input</i>                       | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |
| 4. | <i>For e.g. Husband's Bank Account 123<br/>Party's input</i>                   | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |
| 5. | <i>For e.g. Car<br/>Party's input</i>  | <i>For e.g. 123<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  | <i>For e.g. 456<br/>Party's input</i> | CB pg x | State your view<br>Enter brief reasons here.  |

|    |  |                                      |         |  |                                      |         |  |
|----|--|--------------------------------------|---------|--|--------------------------------------|---------|--|
| 6. | <i>For e.g. Wife's CPF accounts</i><br>Party's input   | <i>For e.g. 123</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. | <i>For e.g. 456</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. |
| 7. | <i>For e.g. Wife's Bank Account 123</i><br>Party's input   | <i>For e.g. 123</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. | <i>For e.g. 456</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. |
| 8. | <i>Renovation</i><br>Party's input   | <i>For e.g. 123</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. | <i>For e.g. 456</i><br>Party's input | CB pg x | State your view<br>Enter brief reasons here. |
|    | <b>Sub- total</b>  | Party's input                        |         |  | Party's input                        |         |  |
|    | <b>Ratio (%)</b><br><i>(This should form the basis of the ratio of direct contributions in Section 3f below)</i> | Party's input                        |         |  | Party's input                        |         |  |

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

*What are unquantifiable assets?*

*A. Assets excluded from Sections 3a-3d above; or*

*B. Assets which a party is aware of and forms part of the matrimonial pool but the true value is unknown for any of these reasons:*

*(i) Details of the asset are not within the party's knowledge and the other party has not disclosed the details; or*

*(ii) The asset was dissipated partially or entirely, and the extent of dissipation is unknown.*



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   | Last known value (if any)   | Estimated true value | Pg Ref to CB   | Remarks |
| 1.                   | <i>For e.g. W's ABC Bank account</i><br>Party's input | <i>For e.g. xxx</i><br>Party's input  | Party's input        | <i>CB pg x</i> |         |
| 2.                   | <i>For e.g. W's ABC Company</i><br>Party's input      | <i>For e.g. unknown</i><br>Party's input  | Party's input        | <i>CB pg x</i> |         |
|                      | <b>Conclusion</b>                                     | <i>To increase the final division by: [xx% / amount] in favour of [party].</i><br><i>To increase the matrimonial pool by: [xx% / amount] before division.</i> |                      |                |         |

| Assertion by Wife |                                      |                           |                      |                |         |
|-------------------|--------------------------------------|---------------------------|----------------------|----------------|---------|
| S/N               | Asset                                | Last known value (if any) | Estimated true value | Pg Ref to CB   | Remarks |
| 3.                | <i>For e.g. H's ABC Bank account</i> | <i>For e.g. xxx</i>       | Party's input        | <i>CB pg x</i> |         |

|    |  |  |               |                |  |
|----|--|--|---------------|----------------|--|
|    | Party's input                                    | Party's input  |               |                |  |
| 4. | <i>For e.g. H's ABC Company</i><br>Party's input | <i>For e.g. unknown</i><br>Party's input   | Party's input | <i>CB pg x</i> |  |
|    | <b>Conclusion</b>                                | <i>To increase the final division by: [xx% / amount] in favour of [party].</i><br><i>To increase the matrimonial pool by: [xx% / amount] before division.</i><br>Party's input |               |                |  |

### 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><br>Party's input | <i>For e.g. 80%</i><br>Party's input | <i>For e.g. 0%</i><br>Party's input  | <i>For e.g. 100%</i><br>Party's input |
| B. Indirect Contributions | <i>For e.g. 80%</i><br>Party's input | <i>For e.g. 20%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input  |
| C. Average Ratio          | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 25%</i><br>Party's input | <i>For e.g. 75%</i><br>Party's input  |

|  |  |  |   |  |
|--|--|--|---|--|
| <p>D. Final Ratio<br/><i>(inclusive of adjustment or changes due to weightage, if any)</i></p>   | <p><i>For e.g. 60%</i><br/>Party's input</p>   | <p><i>For e.g. 40%</i><br/>Party's input</p> | <p><i>For e.g. 25%</i><br/>Party's input</p>  | <p><i>For e.g. 75%</i><br/>Party's input</p> |
| <p>E. If D (Final Ratio) differs from C (Average ratio) AND the difference is due to unequal weightage given to A (Direct Contributions) and B (Indirect contributions), indicate the weightage to be given.</p> | <p>Direct Contribution weightage: Party's input<br/>Indirect Contribution weightage: Party's input</p> |  | <p>Direction Contribution weightage: Party's input<br/>Indirect Contribution weightage: Party's input</p> |  |

## **Section 4: Maintenance for children**

*Complete the details in Section 4 if you are seeking orders relating to maintenance for child(ren). Otherwise, proceed to Section 5.*

### 4a. Parties' positions on maintenance

|           |  |
|-----------|--|
|           | <p><b>Husband's position on maintenance for the children</b></p> |
| <p>1.</p> | <p><i>[HAA1: Section 14, item 1(c)]</i><br/>Party's input</p>    |
|           | <p><b>Wife's position on maintenance for the children</b></p>    |

|    |  |
|----|--|
| 2. | [WAA1: Section 14: Item 1(c)]<br>Party's input |
|----|--|

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

*Use additional column for each child.*

*Use additional row for each item not listed.*

| Ensure that all items in both H's and W's Ancillary Affidavits are included but without duplication. |                       | Name of child:<br>Enter name of child here. |                       | Name of child:<br>Enter name of child here. |                       |  |  |
|--|-----------------------|---|-----------------------|---|-----------------------|--|--|
| S/N  | Items                 | Husband's Estimate                          | Wife's Estimate       | Husband's Estimate                          | Wife's Estimate       | H objects in principle<br>If H thinks that W should not incur this expense, check the box and explain. | W objects in principle<br>If W thinks that H should not incur this expense, check the box and explain. |
| 1.   | Food (including milk) | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |
| 2.   | Transport             | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |
| 3.   | Mobile phone charges  | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |
| 4.   | Pocket money          | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |

|     |                             |                       |                       |                       |                       |  |  |
|-----|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
| 5.  | School fees                 | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 6.  | Enrichment fees             | Enter amount here.    | Enter amount here.    | Enter amount here.    | Enter amount here.    | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 7.  | Extracurricular expenses    | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 8.  | Schoolbooks, school uniform | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 9.  | Insurance premiums          | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 10. | Enter details here.         | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 11. | Enter details here.         | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
|     | <u>TOTAL</u>                | Party's input         | Party's input         | Party's input         | Party's input         |  |  |

## **Section 5: Maintenance for Wife / Incapacitated Husband (delete where inapplicable)**

Complete the details in Section 5 if you are seeking orders relating to maintenance for wife or incapacitated husband (where applicable).

Otherwise, leave this section blank.

5a. Parties' position on spouse maintenance:  Wife /  Incapacitated Husband maintenance

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
|  | <b>Position of receiving spouse</b> | <b>Position of paying spouse</b> |
|--|-------------------------------------|----------------------------------|

|                                      |               |               |
|--------------------------------------|---------------|---------------|
| Lump sum (Multiplier x Multiplicand) | Party's input | Party's input |
| (or) Monthly periodic sum            | Party's input | Party's input |

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

*State all items indicated in both parties' ancillary affidavits without duplication. Use additional row for each item not listed.*

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

| <b>Ensure that all items in both parties' ancillary affidavits are stated without duplication</b> |                           |                                      |                                      |  |  |
|---|---------------------------|--------------------------------------|--------------------------------------|--|--|
| <b>S/N</b>  | <b>Items</b>              | <b>H's monthly estimate (in SGD)</b> | <b>W's monthly estimate (in SGD)</b> | <b><u>H objects in principle</u><br/>If H thinks that W should not incur this expense, check the box and explain your reasons in point form or refer to your WS.</b> | <b><u>W objects in principle</u><br/>If W thinks that H should not incur this expense, check the box and explain your reasons in point form or refer to your WS.</b> |
| 1.  | Food                      | \$ Enter amount here.                | \$ Enter amount here.                | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |
| 2.  | Transport / Fuel expenses | \$ Enter amount here.                | \$ Enter amount here.                | <input type="checkbox"/> Enter remarks here.   | <input type="checkbox"/> Enter remarks here.   |

|     |  |                       |                       |  |  |
|-----|--|-----------------------|-----------------------|--|--|
| 3.  | Utilities  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 4.  | Telephone,<br>Internet, Cable TV<br>charges                      | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 5.  | Medical expenses   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 6.  | Rent   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 7.  | Insurance<br>premiums  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 8.  | Payment of debts   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 9.  | Maintenance  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 10. | Tax payments   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 11. | Financial<br>provision for:<br><br>Enter name of<br>person here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 12. | Enter details here.  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |

|     |                     |                       |                       |  |  |
|-----|---------------------|-----------------------|-----------------------|--|--|
| 13. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 14. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 15. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 16. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
|     | <u>TOTAL</u>        | Party's input         | Party's input         |  |  |

## Section 6: Acknowledgment

**The parties understand that the Court will rely on the parties' respective positions in this Binding Summary of Positions when determining the ancillary matters. Where this Binding Summary of Positions 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 Applicant accepts the Binding Summary to be his/her final binding position.

The Respondent accepts the Binding Summary to be his/her final binding position.

\_\_\_\_\_  
Signature

Name of Applicant: Enter name here.

\_\_\_\_\_  
Signature

Name of Respondent: Enter name here.



Date: Enter date here.

Date: Enter date here.

P.2, r.18 FJ(G)R 2024,  
Para 20(2) PD 2024

## **Binding Summary of Positions (“SOPO”) (Simplified)**

### **Why is this Form important?**

This Form contains both parties’ FINAL positions for the hearing of ancillary matters.

Both parties must confirm that your positions are accurately set out by signing the Form even if you are represented by lawyers.

### **How do you complete this Form?**

This Form must be completed by BOTH parties. As guidance, you may wish to refer to the relevant sections in your respective affidavits filed for ancillary matters (eg. ancillary affidavits, disclosure affidavits) to complete this Form.

The Applicant (**A**) will start the process by completing his/her part of the Form indicated as “Husband” or “Wife”. **A** will provide the partially completed Form in soft copy to the Respondent (**R**).

**R** will complete his/her part of the Form and include his/her response to **A**’s position (where applicable). **R** signs the Form and returns the Form in soft copy to **A**.

**A** will complete his/her response to **R**’s position (where applicable) in the returned Form. **A** signs the Form and files the completed Form in Court.

**A** is to serve the completed Form on **R**.

During the hearing, the Court will use this Form with (a) parties’ Written Submissions (“WS”) and (b) Core Bundle of documents (“CB”).

In this Form, you are required to cross-refer to the CB and the WS. Please ensure that the references are accurate.

This form contains Notes to help you in the completion of the Form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

|           |                        |                    |                           |                       |
|-----------|------------------------|--------------------|---------------------------|-----------------------|
|           | If you are asking for: |                    |                           |                       |
| Complete: | Child(ren) orders      | Division of assets | Maintenance of child(ren) | Maintenance of wife / |

|  |   |   |   | incapacitated<br>husband |
|--|---|---|---|--------------------------|
| Section A  | ✓ | ✓ | ✓ | ✓                        |
| Section 1  | ✓ | ✓ | ✓ | ✓                        |
| Section 2  | ✓ |   | ✓ |                          |
| Section 3  |   | ✓ |   |                          |
| Section 4  |   |   | ✓ |                          |
| Section 5  |   |   |   | ✓                        |
| Section 6  | ✓ | ✓ | ✓ | ✓                        |
| If you are seeking for orders relating to all of the above, please complete <u>all</u> sections. |   |   |   |                          |

**The Form for completion is from the next page onwards. This cover note need not be included in the filed SOPO.**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Originating Application

Between

No. FC/OA [number]/[year]

[Applicant's name]

[ID No.]

Sub Case No. [number]/[year]<sup>1</sup>

... Applicant(s)

And

[Respondent's name]

[ID No.]

... Respondent(s)

**Binding Summary of Positions (“SOPO”) (Simplified)**

|  |  |
|--|--|
|  | <b>Version:</b><br><input type="checkbox"/> Original <input type="checkbox"/> Revised with Court's approval dated: <u>Enter date here.</u> |
| <b>Case number:</b> <input type="checkbox"/> FC <input type="checkbox"/> HCFD / OAD <b>Enter</b><br>case number here | <b>Parties' positions as of</b> <u>Enter date here.</u>  |

<sup>1</sup> To insert sub-case details if relevant.

## Section A: Acronyms used in this SOPO

Fill in the date(s) of filing for the stated documents. Insert more rows as needed.

| S/N | Documents                  | Husband          |         | Wife             |         |
|-----|----------------------------|------------------|---------|------------------|---------|
|     |                            | Date of filing   | Acronym | Date of filing   | Acronym |
| 6.  | First Ancillary Affidavit  | Enter date here. | HAA1    | Enter date here. | WAA1    |
| 7.  | Second Ancillary Affidavit | Enter date here. | HAA2    | Enter date here. | WAA2    |
| 8.  | Disclosure Affidavit       | Enter date here. | HDA1    | Enter date here. | WDA1    |
| 9.  | Core Bundle Document       | Enter date here. | HCB     | Enter date here. | WCB     |
| 10. | Written Submissions        | Enter date here. | HWS     | Enter date here. | WWS     |

## Section 1: Background Information

Complete all details in Section 1.

| S/N | Particulars   | Husband   | Wife | Remarks<br><i>(Use this column to identify the evidence in Ancillary Affidavits, Core Bundle and Written Submissions)</i> |
|-----|---|---|------|---|
| 7.  | Length of Marriage up to<br><input type="checkbox"/> date of interim judgment | [HAA1 / WAA1: Section 4, qn. 1]<br>Enter date here. |      |   |

|     |  |  |  |  |
|-----|--|--|--|--|
|     | <input type="checkbox"/> date of judgement of judicial separation<br><input type="checkbox"/> date of divorce / nullity / judicial separation. |  |  |  |
| 8.  | <b>Date of Interim Judgment Judicial Separation / Foreign divorce / Syariah Court divorce (“Dissolution”)</b>                                  | [HAA1 / WAA1: Section 4, qn. 2]<br>Enter date here.                                      |  |  |
| 2a. | <b>Date / Period when the marriage broke down</b>  | [HAA1 / WAA1: Section 4, qn. 3]<br>Enter date here.                                      | [HAA1 / WAA1: Section 4, qn. 3]<br>Enter date here.                                      |  |
| 9.  | <b>Current age of parties</b>  | Party’s input  | Party’s input  |  |
| 10. | <b>Educational / Professional qualifications where applicable</b>  | [HAA1: Section 4, qn. 5]<br>Enter details here.  | [WAA1: Section 4, qn. 5]<br>Enter details here.  |  |
| 11. | <b>Occupation</b>  | [HAA1: Section 5, qn.2 / 3 and 4]<br>Enter details here.                                 | [WAA1: Section 5, qn.2 / 3 and 4]<br>Enter details here.                                 |  |
| 12. | <b>Monthly Income (based on average annual income of SGD ____ including bonuses based on latest Notice of Assessment)</b>                      | [HAA1: Section 6 Monthly Total]<br>Gross: Enter amount here.<br>Nett: Enter amount here. | [WAA1: Section 6 Monthly Total]<br>Gross: Enter amount here.<br>Nett: Enter amount here. | HAA1: Section 16 Table 16-1, items [9], [10], [11], [12], [13], [14].<br>WAA1: Section 16 Table 16-1, items [9], [10], [11], [12], [13], [14]. |

## Section 2: Children's issues

Complete the details in Section 2 if you are seeking orders relating to child(ren). Otherwise, proceed to Section 3.

### 2a. Details of children:

| Full Name  | Date of Birth   | Age<br><i>(this calendar year)</i>                      | Remarks<br><i>(include educational / professional qualifications where applicable)</i>   |
|--|---|---|--|
| <i>[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 Name]</i><br>Enter name here. | <i>[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 DOB]</i><br>Enter date here. | <i>[Auto-calculate based on DOB]</i><br>Enter age here. | <i>[HAA1 / WAA1: Annex 2 Table 2-1: Court orders / proceedings relating to this Child. If there is input in the following items: (a) Youth Court, (b) MSF voluntary arrangement, (c) existing court order for living and contact arrangements]</i><br><br><i>Documents: Section 16 Table 16-1 Items [7], [8]</i> |
|  |   |   |  |
|  |   |   |  |

### 2b. Parties' positions:

Use 1 table if the positions apply to all children. Otherwise, use a separate table if the positions differ with each child.

Columns and rows in blue shading for Husband's completion and green shading for Wife's completion.

|  |   |  |   |   |   |
|--|---|--|---|---|---|
|  |   | For: <input type="checkbox"/> All children <input type="checkbox"/> Child: Party's input |   |   |   |
|  |   | <b>Husband's Position</b>  |   | <b>Wife's Position</b>  |   |
| 2.   | <b>Position on custody, care and control and access</b>   | <i>[HAA1: Section 14 1(d)]</i><br>Enter brief details here.                              |   | <i>[WAA1: Section 14 1(d)]</i><br>Enter brief details here.           |   |
| <b>Details of proposed future arrangements</b> |   |  |   |   |   |
|  |   | <b>Husband's position</b>  | <b>W's views on H's position:</b><br><i>(Agree / Disagree. State briefly in point form)</i> | <b>Wife's position</b>  | <b>H's views on W's position:</b><br><i>(Agree / Disagree. State briefly in point form)</i> |
| 2.   | State who the child(ren) will live with in future:  | <i>[HAA1: Section 13 Table 13-1 (h)]</i><br>Enter brief details here.                    | State your view.<br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (h)]</i><br>Enter brief details here. | State your view.<br>Enter brief reasons here.   |
| 3.   | Provide brief details of this arrangement:  | <i>[HAA1: Section 13 Table 13-1 (i)]</i><br>Enter brief details here.                    | State your view.<br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (i)]</i><br>Enter brief details here. | State your view.<br>Enter brief reasons here.   |
| 4.   | State the contact which the child(ren) will have with the parent who is not living with the child(ren): | <i>[HAA1: Section 13 Table 13-1 (j)]</i><br>Enter brief details here.                    | State your view.<br>Enter brief reasons here.   | <i>[WAA1: Section 13 Table 13-1 (j)]</i><br>Enter brief details here. | State your view.<br>Enter brief reasons here.   |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  | Provide details such as frequency and length of contact. |  |  |  |  |
|--|--|--|--|--|--|

### **Section 3: Division of Assets**

*Complete the details in Section 3 if you are seeking orders relating to division of assets. Otherwise, proceed to Section 4.*

*All assets in both parties' Ancillary affidavits should be listed only once in Section 3 and should not be listed in multiple sections. This includes assets which one party claims is not a "matrimonial asset" and should not be included in the matrimonial pool. If parties cannot agree on a particular asset being a matrimonial asset, the asset should still be included in this section, with the parties' positions reflected under 'Remarks'. Each party is to specify whether the dispute is on the inclusion of the asset itself, or on the value of the asset.*

*Each identifiable asset should be listed in a separate row. Insert additional rows in the applicable sub-section where required.*

*All references should be made to the Affidavits and Written Submissions (to support your position on the asset) only.*

#### **3a. Matrimonial home / Immovable property**

*Use additional row for each item not listed.*

*Columns and rows in blue shading for Husband's completion and green shading for Wife's completion.*

|  | <b>H's Position</b> | <b>W's Position</b> |
|--|---------------------|---------------------|
|--|---------------------|---------------------|

| S/N | Asset<br><i>(with related liability)</i>   | H's Value / Date of Valuation  | H's Direct Contributions  | Pg Ref in Affidavits and WS | W's Value / Date of Valuation  | W's Direct Contributions  | Pg Ref in Affidavits and WS |
|-----|--|--|---|-----------------------------|--|---|-----------------------------|
| 20. | <p><i>For e.g. Property ABC (with outstanding mortgage)</i></p> <p><i>[HAA1 / WAA1: Section 8 Part A if indicated as a joint asset]</i></p> <p>Party's input</p> | <p><i>Gross value: [HAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]</i></p> <p>Enter amount here.</p> <p><i>Outstanding mortgage: [HAA1: Section 8: outstanding mortgage]</i></p> <p>Enter amount here.</p> <p><i>NET VALUE: [Gross value LESS Outstanding mortgage]</i></p> <p>Enter amount here.</p> <p><i>As at: [Date of HAA1]</i></p> <p>Enter date here.</p> | <p><u>CPF</u></p> <p><i>Principal:</i></p> <p>Enter amount here.</p> <p><i>Interest:</i></p> <p>Enter amount here.</p> <p><i>Total: Enter amount here.</i></p> <hr/> <p><u>Cash</u></p> <p>Enter amount here.</p> | pg x                        | <p><i>Gross value: [WAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]</i></p> <p>Enter amount here.</p> <p><i>Outstanding mortgage: [WAA1: Section 8: outstanding mortgage]</i></p> <p>Enter amount here.</p> <p><i>NET VALUE: [Gross value LESS Outstanding mortgage]</i></p> <p>Enter amount here.</p> <p><i>As at: [Date of WAA1]</i></p> <p>Enter date here.</p> | <p><u>CPF</u></p> <p><i>Principal:</i></p> <p>Enter amount here.</p> <p><i>Interest:</i></p> <p>Enter amount here.</p> <p><i>Total: Enter amount here.</i></p> <hr/> <p><u>Cash</u></p> <p>Enter amount here.</p> | pg x                        |

|     |  |               |      |               |      |
|-----|--|---------------|------|---------------|------|
| 21. | <i>Other financial contributions to this asset (renovations, furniture)</i><br>Party's input | Party's input | pg x | Party's input | pg x |
|-----|--|---------------|------|---------------|------|

**3b. All other assets**

*Columns and rows in blue shading for Husband's completion and green shading for Wife's completion.*

*Use additional row for each item not listed.*

|   | H's assets  |                             | W's assets  |                             | Jointly held assets   |   | Pg Ref in Affidavits and WS |
|---|---|-----------------------------|---|-----------------------------|---|---|-----------------------------|
|   | H's Value   | Pg Ref in Affidavits and WS | W's Value   | Pg Ref in Affidavits and WS | H's value   | W's value   |                             |
| <i>Bank account(s) [HAA1 / WAA1: Section 8: Part B]</i> |   |                             |   |                             |   |   |                             |
| 22.   | <i>Bank: Party's input</i><br><i>Number: Party's input</i>  | pg x                        | <i>Bank: Party's input</i><br><i>Number: Party's input</i>  | pg x                        | <i>Bank: Party's input</i><br><i>Number: Party's input</i>                  |   | H: pg x<br>W: pg x          |
|   | <i>Balance: [HAA1: Section 8: Part B: Table 8-2]</i><br><i>Enter amount here.</i><br><i>As at: [HAA1: Section</i> |                             | <i>Balance: [WAA1: Section 8: Part B: Table 8-2]</i><br><i>Enter amount here.</i><br><i>As at: [WAA1: Section</i> |                             | <i>Balance: [HAA1: Section 8: Part B: Table 8-2]</i><br><i>Enter amount</i> | <i>Balance: [WAA1: Section 8: Part B: Table 8-2]</i><br><i>Enter amount</i> |                             |

|  |   |      |   |      |   |   |  |
|--|---|------|---|------|---|---|--|
|  | <p>8: Part B: Table 8-2:<br/>date indicated]</p> <p>Enter date here.</p>  |      | <p>8: Part B: Table 8-2:<br/>date indicated]</p> <p>Enter date here.</p>  |      | <p>here.</p> <p>As at: [HAAI:<br/>Section 8:<br/>Part B: Table<br/>8-2: date<br/>indicated]</p> <p>Enter date<br/>here.</p> | <p>here.</p> <p>As at: [WAAI:<br/>Section 8: Part<br/>B: Table 8-2:<br/>date indicated]</p> <p>Enter date here.</p> |  |
| CPF account [HAAI / WAAI: Section 8: Part C] |   |      |   |      |   |   |  |
| 23.  | <p><b>Ordinary Account:</b><br/>Enter amount here.</p> <p><b>Special Account:</b> Enter<br/>amount here.</p> <p><b>Medisave Account:</b><br/>Enter amount here.</p> <p><b>Retirement Account:</b><br/>Enter amount here.</p> <p><b>Total:</b> [HAAI: Section<br/>8: Part C: Table 8-3]<br/>Enter amount here.</p> <p><b>As at:</b> [HAAI: Section<br/>8: Part C: date<br/>indicated]<br/>Enter date here.</p> | pg x | <p><b>Ordinary Account:</b><br/>Enter amount here.</p> <p><b>Special Account:</b> Enter<br/>amount here.</p> <p><b>Medisave Account:</b><br/>Enter amount here.</p> <p><b>Retirement Account:</b><br/>Enter amount here.</p> <p><b>Total:</b> [WAAI: Section<br/>8: Part C: Table 8-3]<br/>Enter amount here.</p> <p><b>As at:</b> [WAAI: Section<br/>8: Part C: date<br/>indicated]<br/>Enter date here.</p> | pg x |   |   |  |

|  |   |      |   |      |  |  |
|--|---|------|---|------|--|--|
|  |   |      |   |      |  |  |
| <b>Stocks and Shares [HAAI / WAAI: Section 8: Part D]</b>  |   |      |   |      |  |  |
| 24.  | <i>Name:</i> Party's input  | pg x | <i>Name:</i> Party's input  | pg x |  |  |
|  | <i>Value:</i> [HAAI: Section 8: Part D: Table 8-5]<br>Enter amount here.<br><i>As at:</i> [HAAI: Section 8: Part D: date indicated]<br>Enter date here. |      | <i>Value:</i> [WAAI: Section 8: Part D: Table 8-5]<br>Enter amount here.<br><i>As at:</i> [WAAI: Section 8: Part D: date indicated]<br>Enter date here. |      |  |  |
| <b>Insurance policies [HAAI / WAAI: Section 8: Part E]</b> |   |      |   |      |  |  |
| 6.   | <i>Insurer:</i> Party's input<br><i>Policy Number:</i><br>Party's input   | pg x | <i>Insurer:</i> Party's input<br><i>Policy Number:</i><br>Party's input   | pg x |  |  |
|  | <i>Surrender value:</i><br>[HAAI: Section 8: Part E: Table 8-6]<br>Enter amount here.<br><i>As at:</i> [HAAI: Section 8: Part E: date]                  |      | <i>Surrender value:</i><br>[WAAI: Section 8: Part E: Table 8-6]<br>Enter amount here.<br><i>As at:</i> [WAAI: Section 8: Part E: date]                  |      |  |  |

|   |   |      |   |      |  |  |
|---|---|------|---|------|--|--|
|   | <i>indicated]</i><br>Enter date here.   |      | <i>indicated]</i><br>Enter date here.   |      |  |  |
| <b>Motor Vehicles [HAA1 / WAA1: Section 8: Part F]</b>  |   |      |   |      |  |  |
| 7.  | <i>Vehicle number:</i><br>Party's input   | pg x | <i>Vehicle number:</i><br>Party's input   | pg x |  |  |
|   | <i>Value: [HAA1:<br/>Section 8: Part F:<br/>Table 8-7]</i><br>Enter amount here.<br><i>As at: [HAA1: Section<br/>8: Part F: date<br/>indicated]</i><br>Enter date here. |      | <i>Value: [WAA1:<br/>Section 8: Part F:<br/>Table 8-7]</i><br>Enter amount here.<br><i>As at: [WAA1: Section<br/>8: Part F: date<br/>indicated]</i><br>Enter date here. |      |  |  |
| <b>Other valuables [HAA1 / WAA1: Section 8: Part G]</b> |   |      |   |      |  |  |
| 8.  | <i>Item description:</i><br>Party's input   | pg x | <i>Item description:</i><br>Party's input   | pg x |  |  |
|   | <i>Value: [HAA1:<br/>Section 8: Part G:<br/>Table 8-8]</i><br>Enter amount here.<br><i>As at: [HAA1: Section<br/>8: Part G: date</i>                                    |      | <i>Value: [WAA1:<br/>Section 8: Part G:<br/>Table 8-8]</i><br>Enter amount here.<br><i>As at: [WAA1: Section<br/>8: Part G: date</i>                                    |      |  |  |

|  |   |  |   |  |  |  |
|--|---|--|---|--|--|--|
|  | <i>indicated]</i><br>Enter date here.                     |  | <i>indicated]</i><br>Enter date here.                     |  |  |  |
|  | <b><u>Total value of H's assets:</u></b><br>Party's input |  | <b><u>Total value of W's assets:</u></b><br>Party's input |  | <b><u>Total value of joint assets:</u></b><br>Enter amount here. |  |

### 3c. Proposed structured approach ratios

*State the proposed ratios, if applicable.*

|  | Husband's Position                   |                                      | Wife's Position                      |                                       |
|--|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
|  | Husband                              | Wife                                 | Husband                              | Wife                                  |
| F. Direct Contributions                              | <i>For e.g. 20%</i><br>Party's input | <i>For e.g. 80%</i><br>Party's input | <i>For e.g. 0%</i><br>Party's input  | <i>For e.g. 100%</i><br>Party's input |
| G. Indirect Contributions                            | <i>For e.g. 80%</i><br>Party's input | <i>For e.g. 20%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input  |
| H. Average Ratio                                     | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 50%</i><br>Party's input | <i>For e.g. 25%</i><br>Party's input | <i>For e.g. 75%</i><br>Party's input  |
| I. Final Ratio<br><i>(inclusive of adjustment or</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>            |

|   |  |               |   |               |
|---|--|---------------|---|---------------|
| <i>changes due to weightage, if any)</i>  | Party's input  | Party's input | Party's input   | Party's input |
| J. If D (Final Ratio) differs from C (Average ratio) AND the difference is due to unequal weightage given to A (Direct Contributions) and B (Indirect contributions), indicate the weightage to be given. | Direct Contribution weightage: Party's input<br>Indirect Contribution weightage: Party's input |               | Direction Contribution weightage: Party's input<br>Indirect Contribution weightage: Party's input |               |

## Section 4: Maintenance for children

Complete the details in Section 4 if you are seeking orders relating to maintenance for child(ren). Otherwise, proceed to Section 5.

### 4a. Parties' positions on maintenance

|    |   |
|----|---|
|    | <b>Husband's position on maintenance for the children</b> |
| 3. | <i>[HAAI: Section 14, item C]</i><br>Party's input        |
|    | <b>Wife's position on maintenance for the children</b>    |
| 4. | <i>[WAAI: Section 14: Item C]</i>                         |



|  |               |
|--|---------------|
|  | Party's input |
|--|---------------|

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

*Use additional column for each child.*

*Use additional row for each item not listed.*

| Ensure that all items in both H's and W's Ancillary Affidavits are included but without duplication. |                       | Name of child:<br>Enter name of child here. |                       | Name of child:<br>Enter name of child here. |                       |   |   |
|--|-----------------------|---|-----------------------|---|-----------------------|---|---|
| S/N  | Items                 | Husband's Estimate                          | Wife's Estimate       | Husband's Estimate                          | Wife's Estimate       | <u>H objects in principle</u><br>If H thinks that W should not incur this expense, check the box and explain. | <u>W objects in principle</u><br>If W thinks that H should not incur this expense, check the box and explain. |
| 12.  | Food (including milk) | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 13.  | Transport             | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 14.  | Mobile phone charges  | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 15.  | Pocket money          | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 16.  | School fees           | \$ Enter amount here.                       | \$ Enter amount here. | \$ Enter amount here.                       | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |

|     |                             |                       |                       |                       |                       |  |  |
|-----|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
| 17. | Enrichment fees             | Enter amount here.    | Enter amount here.    | Enter amount here.    | Enter amount here.    | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 18. | Extracurricular expenses    | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 19. | Schoolbooks, school uniform | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 20. | Insurance premiums          | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 21. | Enter details here.         | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 22. | Enter details here.         | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
|     | <u>TOTAL</u>                | Party's input         | Party's input         | Party's input         | Party's input         |  |  |

## Section 5: Maintenance for Wife Incapacitated Husband

*Complete the details in Section 5 if you are seeking orders relating to maintenance for wife or incapacitated husband (where applicable).*

*Otherwise, leave this section blank.*

5a. Parties' position on spouse maintenance:  Wife /  Incapacitated Husband maintenance

|                      | Position of receiving spouse | Position of paying spouse |
|----------------------|------------------------------|---------------------------|
| Lump sum (Multiplier | Party's input                | Party's input             |

|                           |               |               |
|---------------------------|---------------|---------------|
| x Multiplicand)           |               |               |
| (or) Monthly periodic sum | Party's input | Party's input |

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

*State all items indicated in both parties' ancillary affidavits without duplication. Use additional row for each item not listed.*

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

| <b>Ensure that all items in both parties' ancillary affidavits are stated without duplication</b> |                           |                                      |                                      |   |   |
|---|---------------------------|--------------------------------------|--------------------------------------|---|---|
| <b>S/N</b>  | <b>Items</b>              | <b>H's monthly estimate (in SGD)</b> | <b>W's monthly estimate (in SGD)</b> | <b><u>H objects in principle</u></b><br>If H thinks that W should not incur this expense, check the box and explain your reasons in point form or refer to your WS. | <b><u>W objects in principle</u></b><br>If W thinks that H should not incur this expense, check the box and explain your reasons in point form or refer to your WS. |
| 17.   | Food                      | \$ Enter amount here.                | \$ Enter amount here.                | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 18.   | Transport / Fuel expenses | \$ Enter amount here.                | \$ Enter amount here.                | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |
| 19.   | Utilities                 | \$ Enter amount here.                | \$ Enter amount here.                | <input type="checkbox"/> Enter remarks here.  | <input type="checkbox"/> Enter remarks here.  |

|     |  |                       |                       |  |  |
|-----|--|-----------------------|-----------------------|--|--|
| 20. | Telephone,<br>Internet, Cable TV<br>charges                      | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 21. | Medical expenses   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 22. | Rent   | Enter amount here.    | Enter amount here.    | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 23. | Insurance<br>premiums  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 24. | Payment of debts   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 25. | Maintenance  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 26. | Tax payments   | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 27. | Financial<br>provision for:<br><br>Enter name of<br>person here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 28. | Enter details here.  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 29. | Enter details here.  | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |

|     |                     |                       |                       |  |  |
|-----|---------------------|-----------------------|-----------------------|--|--|
| 30. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 31. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
| 32. | Enter details here. | \$ Enter amount here. | \$ Enter amount here. | <input type="checkbox"/> Enter remarks here. | <input type="checkbox"/> Enter remarks here. |
|     | <u>TOTAL</u>        | Party's input         | Party's input         |  |  |

## Section 6: Acknowledgment

**The parties understand that the Court will rely on the parties' respective positions in this Binding Summary of Positions (Simplified) when determining the ancillary matters. Where this Binding Summary of Positions (Simplified) 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 Applicant accepts the Binding Summary (Simplified) to be his/her final binding position.

The Respondent accepts the Binding Summary (Simplified) to be his/her final binding position.

\_\_\_\_\_  
Signature

Name of Applicant: Enter name here.

Date: Enter date here.

\_\_\_\_\_  
Signature

Name of Respondent: Enter name here.

Date: Enter date here.

Para 18(12) PD 2024

## **Core Document Bundle (“CB”)**

The Core Document Bundle (“CB”) can be used with any of these other Forms:

- (a) Binding Summary of Positions (“SOPO”);
- (b) Written Submissions;
- (c) Appellant’s / Respondent’s Case.

The Core Bundle of documents (“CB”) contains the key documents (“evidence”) to support your position on the issues. These documents must form part of the affidavits which you have already filed in the particular matter.

**DO NOT** include in the CB new documents which have not been filed in the Affidavits. You should file the CB with the CB Content Page duly completed.

**The Form for completion is from the next page onwards. This cover note need not be included in the filed document.**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Originating Application Between  
No. FC/OA [number]/[year]  
  
Sub Case No. [number]/[year]<sup>1</sup> [Applicant's name]  
[ID No.]  
  
... Applicant(s)

And

[Respondent's name]  
[ID No.]  
  
... Respondent(s)

**Core Document Bundle (“CB”) Content Page**

This CB is to be read together with:  Written Submissions from Enter date here  
*Select the applicable option<sup>2</sup>*  
 Binding Summary of positions  
 Appellant's Case  
 Respondent's Case

| S/N | Document reference | Source<br><i>(To identify the source of the evidence, e.g. Husband's 1<sup>st</sup> Ancillary Affidavit (“HAA1”))</i> | Page number in this CB |
|-----|--------------------|---|------------------------|
|     |                    |   |                        |
|     |                    |   |                        |
|     |                    |   |                        |
|     |                    |   |                        |
|     |                    |   |                        |

Add more rows if required.

<sup>1</sup> To insert sub-case details if relevant.

<sup>2</sup> The applicable options are: Applicant / Respondent / Appellant / Respondent in appeal / Others. Please specify.

Para 16(1) PD 2024

## **Information from Applicant to Family Justice Courts on Status of Matrimonial Application**

To : Registrar  
Family Justice Courts

Case No. : FC/OA [prefix] [number]/ [year]

Date : [Enter date here]

The status of the case is as follows:

- We are attempting personal service of the papers on [Enter name and party type here]. We will complete our service attempts by [Enter date here].
- We will file our application for substituted service/dispensation of service by [Enter date here].
- Our application for substituted service/dispensation of service has been fixed for hearing on [Enter date here].
- We are negotiating a settlement.
- We seek a [Select the applicable option]^ date. We have exchanged settlement proposals and the parties agree to attend [Select the applicable option]^.  
*^the options are: mediation / counselling / joint conference*
- The parties are attempting reconciliation.
- Others: [Enter details here]

---

Signature of solicitor

Name of solicitor for Applicant: [Enter name here]

Name of law firm: [Enter law firm name here]

cc. Respondent / Respondent's solicitors



## **Affidavit of Evidence-in-Chief (Contested)**

This Form is used to submit your statement and evidence ONLY for **contested trials**.

Do NOT use this Form if your matter falls within any of the following categories:

- (a) uncontested matter
- (b) hearing is fixed (not a trial)
- (c) your action is filed in iFAMS

This form contains Notes to help you in the completion of the form. Please note that the Notes are NOT to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**The Form for completion is from the next page onwards. This cover note need not be included in the filed affidavit.**

[Enter party type here]: [Enter name of maker here]: [Enter ordinal number of affidavit (in relation to previous affidavits filed by the same party) here]: [Enter date of affidavit filed here]: [Enter hearing type and summons no. (if applicable) here]<sup>1</sup>

## IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Originating Application  
No. FC/OA [number]/[year]

Between

Sub Case No. [number]/[year]<sup>2</sup>

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### AFFIDAVIT

## Section 1: Introduction

Name of maker: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.  
Occupation: Enter occupation here.

1a. I am<sup>3</sup>

- the Applicant in Enter main case number here.
- the Respondent in Enter main case number here.
- the Co-Respondent in Enter main case number here.
- the Named Person, namely Enter full name as per NRIC/Passport here in Enter main case number here.
- the Relevant Person, namely Enter full name as per NRIC/Passport here in Enter main case number here.
- Enter name or party type here in Enter main case number here.

1b. This affidavit is<sup>4</sup>

- in support of the summons  and
- in support of Enter name of document here  and

<sup>1</sup> Refer to paragraph 133(5) of the Family Justice Courts Practice Directions 2024 if required.

<sup>2</sup> To insert sub-case details if relevant.

<sup>3</sup> You may refer to the Originating Application for your party type.

Please state the OA case number i.e. FC/OAD 1/2022 and not the sub-case number.

You may use "Non-party" if none of the other options apply.

<sup>4</sup> Explain the purpose of this affidavit.

- in reply to the affidavit by  
    Enter name or party type here.  
dated   Enter date here.
- Others:  
    Enter details here.

- 1c. Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

## Section 2: Statement

2. My statement and evidence<sup>5</sup>:

Enter details here.

## Section 3: Summary of Claim

---

<sup>5</sup> For **Dissolution of Marriage**:

If you are proceeding on your Originating Application, you must provide all relevant evidence to:

- (a) support the ground and supporting facts for the dissolution of marriage in your Originating Application
- (b) defend your spouse's ground in the Cross-Application (if any).

You must attach all required documents before completing the affidavit.

For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.

My claim<sup>6</sup>:

- I am not making any claim.
- I am asking that
  - the Court grants my application.
  - the Court dismisses the application filed by Enter the other party's full name as per NRIC/Passport or party type here.
- Others:

Enter details here.

## **Section 4: Affirmation**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## **Section 5: Exhibit Content Page**

Please refer to the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024 for the exhibit content and cover pages to be included in your affidavit (where applicable).

---

<sup>6</sup> If you are filing this affidavit as a witness and not as a party to the action, please select “I am not making any claim”.

Para 18(7) PD 2024

## **Index of Bundle of Documents for trial (“BOD index”)**

As required by the Court or pursuant to the Practice Directions, a Bundle of documents (“BOD”) together with this index is to be submitted by the respective parties.

Generally, the BOD should contain:

- (a) Relevant originating applications and replies / reply affidavits;
- (b) Documents which the parties are relying on at trial;
- (c) Court orders relevant to the trial.

In relation to item (b), the parties should, as far as possible, agree on the documents and indicate the extent of the agreement in the Index.

An example of items (a) and (c) are set out in this Form using a case of contested divorce hearing.

Please refer to Paragraph 18 in the Family Justice Courts Practice Directions 2024 for more information on how the BOD is to be submitted.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**The Form for completion is from the next page onwards. This cover note need not be included in the filed document.**

# IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Originating Application  
No. FC/OA [number]/[year]

Between

Sub Case No. [number]/[year]<sup>1</sup>

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

## Index of Bundle of Documents for trial (“BOD index”)

| S/N                                       | Description <sup>2</sup>  | Page number in the BOD | Scope of Agreement <sup>3</sup> (Y / N) |
|---|---|------------------------|---|
| 1   | E.g. Originating Application for Divorce filed on Enter date here |                        | -                                       |
| 2   | Reply to Originating Application                                  |                        | -                                       |
| 3   | Cross Application   |                        | -                                       |
| 4   | Reply to Cross Application  |                        | -                                       |
| <b>Documents</b>                          |   |                        |   |
| 5   | Marriage certificate  |                        | Y                                       |
| 6   | Personal Protection order (PPO xx/20xx)                           |                        | Y                                       |
| 7   | Medical report dated xx/xx/xx                                     |                        | N                                       |
| <b>Court orders relevant to the trial</b> |   |                        |   |
| 7   | Substituted service order   |                        | Y                                       |

<sup>1</sup> To insert sub-case details if relevant.

<sup>2</sup> To include filing date if the document is filed in court.

<sup>3</sup> To indicate parties' position on the authenticity of documents.

P. 5, r.1 FJ(G)R

## **Originating Application for Permission to Apply for Divorce Within 3 Years of Marriage**

This Form is used when you are seeking to obtain the Court's permission (i.e. leave) to apply for a Divorce as you have been married for less than 3 years.

This form contains Notes to help you in the completion of the form. Please note that the Notes is **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

This form, when submitted to the Court, will be generated in accordance with the layout of the generated Originating Application (Form 53).

This Notice serves as a reminder to the Applicant and does not appear as part of the issued Originating Application ("OA").

### **IMPORTANT: Duty to consider amicable resolution**

Pursuant to the Family Justice (General) Rules 2024 ("FJ(G)R 2024"), you are required to consider amicable resolution of the dispute before and after commencing Court proceedings. This means that you should either:

- k. explore alternative ways of settling the dispute without resorting to legal action; or
- l. make an offer to the other party to settle the dispute.

For more information on your obligations, please refer to the Information Sheet on Amicable Dispute Resolution and Part 4 of the FJ(G)R 2024.

## Section A: Details of Application

Please use Section A1 to A4 (where applicable) in the **Originating Application: Generic Sections (Form 53B)** to provide the details of application.

## Section B: The Parties

Please use Section B in the **Originating Application: Generic Sections (Form 53B)** to provide the Parties' information.

## Section 1: The Applicant's Application

The Applicant is applying for:

1. **the Court's permission to commence divorce proceedings within 3 years of the marriage.**

*(If you are seeking any other relief(s), state them below.)*

2. State the reliefs which you are claiming here.
3. State the reliefs which you are claiming here.
4. State the reliefs which you are claiming here.

5. **Costs of this Application**

- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by:  
Enter name or party type here.

- Costs to be reserved to  
Enter event here.

- Others:

Enter details here.

Notes

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*

**The reasons for this Application are stated in the supporting affidavit.**

**Affidavit**



## Section 1: Introduction

Name of maker: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.  
Occupation: Enter occupation here.

- 1a. I am the Applicant.
- 1b. This affidavit is in support of the Originating Application.
- 1c. Where the facts in this affidavit are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

## Section 2: My Marriage Details

1. Date of solemnisation of marriage  
Enter date here.
2. Country of solemnisation  
State country here.
3. Marriage certificate number (if registered in Singapore)  
Enter marriage certificate number here.

### Notes

*You are to exhibit a copy of your marriage certificate (original and translated, if not in English) in Section 9.*

## Section 3: Jurisdiction

The Family Justice Courts of Singapore has jurisdiction to grant my application because:

*Select only one option.*

### **Singapore Citizen(s)**

I am a  My spouse is a  My spouse and I are Singapore citizen(s).

### **Habitual Residence**

I am  My spouse is  My spouse and I are habitually resident in Singapore in the last 3 years before the application date as follows:

### Notes

*This section explains why this Court has the legal power to deal with your application.*

*If you are or your spouse is a Singapore Permanent Resident, please select the option "habitual residence" and provide the requested details.*

| <b>My address</b>                     |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |

*Please seek legal advice if none of the options apply to you.*

| <b>My spouse's address</b>            |                                 |
|---------------------------------------|---------------------------------|
| <i>Singapore residential address:</i> | <i>Period of residence:</i>     |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |
| Enter address here.                   | State period of residence here. |

**Others**

Other reasons:

|                     |
|---------------------|
| Enter details here. |
|---------------------|

*If you do not satisfy the above criteria but believe that Singapore has jurisdiction based on domicile or habitual residence, explain why.*

## **Section 4: About the Child(ren)**

Do you have a child(ren) to this marriage or accepted as a child(ren) of this marriage?

Yes. Complete the table below.

No. Proceed to **Section 5**.

Details of living child(ren):

| <b>Details of child(ren)</b>      | <b>Child 1</b>                                      | <b>Child 2</b>                                      | <b>Child 3</b>                                      |
|-----------------------------------|---|---|---|
| <b>Name</b>                       | Enter child's full name as per NRIC/ Passport here. | Enter child's full name as per NRIC/ Passport here. | Enter child's full name as per NRIC/ Passport here. |
| <b>NRIC/ FIN/ Passport number</b> | Enter child's NRIC/ FIN/ passport no. here.         | Enter child's NRIC/ FIN/ passport no. here.         | Enter child's NRIC/ FIN/ passport no. here.         |
| <b>Date of birth / Age</b>        | Enter date / age here.                              | Enter date / age here.                              | Enter date / age here.                              |

Notes

*You are to exhibit a copy of the child(ren)'s birth certificate(s) (original and translated, if not in English) in Section 9.*

|               |                    |                    |                    |
|---------------|--------------------|--------------------|--------------------|
| <b>Gender</b> | Enter gender here. | Enter gender here. | Enter gender here. |
|---------------|--------------------|--------------------|--------------------|

## Section 5: Reasons for Application

I seek permission from this Court to commence an action for divorce although less than 3 years have passed since my marriage.

This is because *(select at least one option)*

- I have suffered exceptional hardship during the marriage.  
 of my spouse's exceptional depravity.

The reasons for my statements are:

Enter reasons here.

Notes

*You should elaborate on your reasons and provide supporting evidence.*

*If you claim that there is violence, please*

- *exhibit the police reports, medical reports, Personal Protection Orders, Domestic Exclusion Orders in Section 9;*
- *and state the status of any ongoing related family violence proceeding in this section.*

## Previous Applications

Select the applicable option.

- This is the first application for permission to commence divorce proceedings.
- There were previous applications for permission to commence divorce proceedings. The details are:  
Case number: Enter case no. here.  
Date of court order: Enter date here.  
Order made: Enter details here.

## Section 6: Possibility of Reconciliation

1. Is there any possibility of reconciliation between parties?

Yes.

No.

Please state your reasons:

|                     |
|---------------------|
| Enter reasons here. |
|---------------------|

2. Have there been any attempts at reconciliation?

Yes. *Provide details in the table below.*

No. *Proceed to Section 7.*

|  |
|--|
| Period of reconciliation: State period here.                         |
| The details of reconciliation are as follows:<br>Enter details here. |
| Period of reconciliation: State period here.                         |
| The details of reconciliation are as follows:<br>Enter details here. |

## **Section 7: Summary of Claim**

I am asking that

- the Court grants permission to commence divorce proceedings within 3 years of the marriage.
  
- State the reliefs which you are claiming here.
  
- State the reliefs which you are claiming here.
  
- State the reliefs which you are claiming here.

## **Section 8: Affirmation**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## **Section 9: Exhibit Content Page**

You must attach, with your application, a copy of the documents listed in Table 9-1 (where applicable) and all documents which you intend to rely on to support your position (collectively “Required Documents”).

If you are unable to provide the Required Documents, you must explain the lack of documents in Table 9-2.

You may wish to refer to Part 9, Rule 16 of the Family Justice (General) Rules 2024 for the consequences of not providing the Required Documents.

**Table 9-1**

Notes

| <b>Exhibit number</b> | <b>Document Name / Reference in Affidavit to the exhibit</b><br><i>(e.g. Paragraph 1 of Section 5)</i>  | <b>Page numbers</b>  |
|-----------------------|---|----------------------|
| E1                    | <b>Copy of Marriage Certificate (Mandatory)</b>   | Enter page no. here. |
| E2                    | <b>Translation of Marriage Certificate (if not in English)</b><br><i>The translation must be done by either a Court interpreter or a certified translator with proof of the translator's certification.</i> | Enter page no. here. |
| E3                    | Document(s) to show a <b>change in a party's name or identification number</b> stated in the Marriage Certificate (where applicable)  | Enter page no. here. |
| E4                    | <b>Copy of child(ren)'s Birth Certificates (if there are child(ren))</b>  | Enter page no. here. |
| E5                    | <b>Translation of Birth Certificates (if not in English):</b><br><i>The translation must be done by either a Court interpreter or a certified translator with proof of the translator's certification.</i>  | Enter page no. here. |
| E6                    | Enter details of paragraph/section in which the exhibit relates to here.  | Enter page no. here. |
| E7                    | Enter details of paragraph/section in which the exhibit relates to here.  | Enter page no. here. |

Use this content page if you have documents as exhibits.

The page numbers for the exhibits should run consecutively from the last page of the affidavit or numbered differently for identification, eg. E1, E2, if the exhibit page starts as page 1.

**Table 9-2**

*If any of the Required Document(s) listed in Table 9-1 is not provided, state your reasons below.*

| State the name of Required Document <b>not</b> provided | (a) State the reasons for lack of document<br><br>(b) If alternative document is provided instead, state the alternative document. |
|---|--|
| Enter details here.                                     | Enter details here.  |
| Enter details here.                                     | Enter details here.  |
| Enter details here.                                     | Enter details here.  |
| Enter details here.                                     | Enter details here.  |
| Enter details here.                                     | Enter details here.  |

*Please ensure that you have completed all relevant fields and attached all required documents. If there are missing information or documents, the Court may subsequently require you to provide these information or documents. You may incur additional fees as a result.*

*The exhibits are to be attached from this page onwards.*

*The exhibit cover page in accordance with the Generic Affidavit (Form 54) of the Family Justice (General) Rules 2024 to be placed between each distinct exhibit.*

**Written Complaint for**

- Spouse and/or  child(ren) maintenance**
- Enforcement of maintenance order**
- Variation or rescission of maintenance order**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Maintenance for spouse or child(ren) under Part 7 of the Women's Charter 1961.
- (b) Variation or rescission of a maintenance order made under paragraph (1)(a)
- (c) Enforcement of the following orders:
  - (i) a maintenance order under paragraphs 1(a) or 1(b)
  - (ii) an order for child or spousal maintenance issued by Family Justice Courts
  - (iii) a maintenance order from the Tribunal of Maintenance of Parents
  - (iv) an order for Nafkah iddah or mutaah from the Singapore Syariah Court.
- (d) Variation or rescission or an enforcement order made under paragraph (1)(c).

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.



**APPLICATION NO.** [for official use only]

**NATURE OF APPLICATION** Select the applicable nature of application<sup>1</sup>

## Section 1: Applicant's Details

| APPLICANT'S PERSONAL PARTICULARS                                       |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here   |                                       | <b>GENDER</b><br>Enter gender here                             |  |
| <b>ID NO.</b><br>Enter ID No. here                                     | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here               | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here  |  |
| <b>EDUCATION</b>   |                                       | Enter education here   |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here  |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                       |                                       | Enter min. gross household income each month here              |  |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                       |                                       | Enter max. gross household income each month here              |  |
| <b>APPLICANT'S INCOME EACH MONTH</b>                                   |                                       | Enter Applicant's income each month here                       |  |
| <b>STAYING WITH RESPONDENT</b>   |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>DATE OF MARRIAGE TO RESPONDENT</b><br>Enter date of marriage here   |                                       | <b>PLACE OF MARRIAGE</b><br>Enter place of marriage here       |  |
| <b>MARRIAGE CERTIFICATE NO.</b><br>Enter Marriage Certificate No. here |                                       | <b>STATUS OF MARRIAGE</b><br>Enter Status of Marriage here     |  |
| <b>CAN APPLICANT COMMUNICATE IN ENGLISH IN COURT?</b>                  |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>PREFERRED LANGUAGE</b><br>Enter preferred language here             |                                       | <b>ALTERNATIVE LANGUAGE</b><br>Enter alternative language here |  |

<sup>1</sup> the options are: s.69(1) Maintenance for wife / s.69(1A) Maintenance for incapacitated husband / s.69(2) Maintenance for Child(ren) / s.71 Enforcement of Maintenance Order / s.72 Variation of Maintenance order / s.72 Rescission of Maintenance order.

|  |  |
|--|--|
|  |  |
|--|--|

| APPLICANT'S CONTACT INFORMATION          |  |   |   |
|--|--|---|---|
| <b>ADDRESS</b><br>Enter address here     |  |   | <b>IS ADDRESS CONFIDENTIAL?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here                                | <b>FAX NO.</b><br>Enter Fax No. here  |
| <b>EMAIL</b><br>Enter email here         |  | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |

| RESPONDENT'S PERSONAL PARTICULARS                          |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here                             |                                       |  | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here                         | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here               | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here  |  |
| <b>EDUCATION</b>   |                                       | Enter education here   |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here  |  |
| <b>CAN RESPONDENT COMMUNICATE IN ENGLISH IN COURT?</b>     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>PREFERRED LANGUAGE</b><br>Enter preferred language here |                                       | <b>ALTERNATIVE LANGUAGE</b><br>Enter alternative language here |  |

| RESPONDENT'S CONTACT INFORMATION     |                    |                    |                |
|--------------------------------------|--------------------|--------------------|----------------|
| <b>ADDRESS</b><br>Enter address here |                    |                    |                |
| <b>HOME TEL.</b>                     | <b>MOBILE TEL.</b> | <b>OFFICE TEL.</b> | <b>FAX NO.</b> |

|                                  |                        |   |                    |
|----------------------------------|------------------------|---|--------------------|
| Enter Home Tel. here             | Enter Mobile Tel. here | Enter Office Tel. here  | Enter Fax No. here |
| <b>EMAIL</b><br>Enter email here |                        | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |                    |

| <b>RECIPIENTS OF MAINTENANCE</b> |                                   |
|----------------------------------|-----------------------------------|
| <b>PERSON</b>                    | <b>RELATIONSHIP TO RESPONDENT</b> |
| Enter name of person. here       | Enter nature of relationship      |
| Enter name of person. here       | Enter nature of relationship      |
| Enter name of person. here       | Enter nature of relationship      |

| <b>DETAILED INFORMATION ABOUT THE ABOVE-MENTIONED PERSONS</b> |   |
|---|---|
| <b>S/N</b>  | <b>Details of the Recipients of Maintenance</b>   |
| 1.  | Name: Enter name here<br>NRIC No.: Enter NRIC No. here<br>Relationship to Respondent: Enter relationship to Respondent here<br>Date of birth: Enter date of birth here<br>Gender: Enter gender here |
| 2.  | Name: Enter name here<br>NRIC No.: Enter NRIC No. here<br>Relationship to Respondent: Enter relationship to Respondent here<br>Date of birth: Enter date of birth here<br>Gender: Enter gender here |
| 3.  | Name: Enter name here<br>NRIC No.: Enter NRIC No. here<br>Relationship to Respondent: Enter relationship to Respondent here<br>Date of birth: Enter date of birth here<br>Gender: Enter gender here |

## **Section 2: Application Details**

Select only one option.

**Option 1: Maintenance for Wife and/or Children**

*Notes*

1. I, [Enter name], am applying for maintenance for [Enter name] and [Enter name].
2. I am married to the Respondent on [Enter date here] and there are currently  no ongoing  ongoing divorce proceedings in Court between us. (*Where there are ongoing divorce proceedings*) [Divorce number: [Enter details here]]
3. The Respondent has neglected or refused to provide reasonable maintenance for [Enter name(s)] since [Enter date here] .
4. I am applying for monthly maintenance of \$[Enter amount here] against the Respondent. This comprises \$[Enter amount here] for myself and \$ [Enter amount here] for [Enter name here]
5. I confirm that I do not have any pending Court application relating to the same matter.

*If there are ongoing divorce proceedings between the parties, provide the divorce case number in the following format:  
FC/D [number]/[year]  
e.g. FC/D 100/2020*

**Option 2: Enforcement of Maintenance Order**

Notes

1. Under the Maintenance Order No. [Enter details here], [Enter name of Respondent] was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s)].
2. He/She is in arrears of \$[Enter amount here] as at [Enter date here].
3. I now seek enforcement of the maintenance order.
4. I confirm that I do not have any pending Court application relating to the same matter.

*Provide the Maintenance Order No. in the following format:  
MO [number]/[year]  
e.g. MO 100/2020*

**Option 3: Variation/ Rescission of Maintenance Order**

Notes

1. Under the Maintenance Order No. [Enter details here], [Enter name of Respondent] was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s)].
2. I now seek a  variation  rescission of the maintenance order [Enter details here] dated [Enter date here] due to the following reasons:

*Provide the Maintenance Order No. in the following format:  
MO [number]/[year]  
e.g. MO 100/2020*

[Enter reason(s) here]

3. I have not lodged any previous application relating to the same matter.

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

## Written Complaint for

### Personal Protection Order

### Variation, Suspension or Revocation of Personal Protection Orders

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (e) Personal Protection order under Part 7 of the Women's Charter 1961.
- (f) Variation, suspension or revocation of a personal protection order made under paragraph (1)(a).

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

APPLICATION NO. [for official use only]

NATURE OF APPLICATION Select the applicable nature of application<sup>1</sup>

**Section 1: Applicant's Details**

| APPLICANT'S PERSONAL PARTICULARS                                  |                                       |  |  |
|---|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here                                    |                                       | <b>GENDER</b><br>Enter gender here                             |  |
| <b>ID NO.</b><br>Enter ID No. here                                | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here               | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>   |                                       | Enter race here  |  |
| <b>RELIGION</b>   |                                       | Enter religion here  |  |
| <b>EDUCATION</b>  |                                       | Enter education here   |  |
| <b>OCCUPATION</b>   |                                       | Enter occupation here  |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                  |                                       | Enter min. gross household income each month here              |  |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                  |                                       | Enter max. gross household income each month here              |  |
| <b>APPLICANT'S INCOME EACH MONTH</b>                              |                                       | Enter Applicant's income each month here                       |  |
| <b>STAYING WITH RESPONDENT</b>                                    |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>DATE OF MARRIAGE TO RESPONDENT</b><br>Enter date here          |                                       | <b>PLACE OF MARRIAGE</b><br>Enter place of marriage here       |  |
| <b>MARRIAGE CERTIFICATE NO.</b><br>Enter Marriage Certificate No. |                                       | <b>STATUS OF MARRIAGE</b><br>Enter Status of Marriage          |  |
| <b>CAN APPLICANT COMMUNICATE IN ENGLISH IN COURT?</b>             |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>PREFERRED LANGUAGE</b><br>Enter preferred language here        |                                       | <b>ALTERNATIVE LANGUAGE</b><br>Enter alternative language here |  |

**APPLICANT'S CONTACT INFORMATION**

<sup>1</sup> the options are: s.65 Personal Protection Order / s.67 Variation of PPO / s.67 Suspension of PPO / s.67 Revocation of PPO.

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here     |  | <b>IS ADDRESS CONFIDENTIAL?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here  | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>EMAIL</b><br>Enter email here         |  | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any                 |                                      |

| <b>RESPONDENT'S PERSONAL PARTICULARS</b>                   |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here                             |                                       |  | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here                         | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here               | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here  |  |
| <b>EDUCATION</b>   |                                       | Enter education here   |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here  |  |
| <b>CAN RESPONDENT COMMUNICATE IN ENGLISH IN COURT?</b>     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>PREFERRED LANGUAGE</b><br>Enter preferred language here |                                       | <b>ALTERNATIVE LANGUAGE</b><br>Enter alternative language here |  |

| <b>RESPONDENT'S CONTACT INFORMATION</b>  |  |   |                                      |
|--|--|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here     |  |   |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here                                | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>EMAIL</b><br>Enter email here         |  | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |                                      |



**PROTECTED PERSONS**

| <b>PERSON</b>             | <b>RELATIONSHIP TO RESPONDENT</b> |
|---------------------------|-----------------------------------|
| Enter name of person here | Enter nature of relationship      |
| Enter name of person here | Enter nature of relationship      |
| Enter name of person here | Enter nature of relationship      |

**Section 2: Application Details**

Select only one option.

**Option 1: Application for a personal protection order**

*Notes*

- 1. Latest incident of family violence:  
Date/Time: Enter date here at Enter time here, e.g. 10.45  AM  PM  
Place: Enter location here  
Brief details: Enter brief details here  
  
Type:  Placing victim in fear of hurt  
 Causing hurt to victim  
 Continual Harassment  
 Wrongful confinement  
  
Injury sustained: Enter nature of injuries sustained here

- 2. Past incidents of family violence:-

|               |   |
|---------------|---|
| S/N           | Enter serial number here  |
| Date & Time   | Enter date here at Enter time here, e.g. 10.45<br><input type="checkbox"/> AM <input type="checkbox"/> PM |
| Place         | Enter details here  |
| Brief details | Enter brief details here  |

|                  |                                  |
|------------------|----------------------------------|
| Type             | Select type of harm <sup>2</sup> |
| Injury sustained | Enter details here               |

3. I am seeking the following orders:-

|                    |
|--------------------|
| Enter details here |
|--------------------|

4. Relationship Information:-

| S/N                        | Name              | Relationship                                     | Incident                         |
|----------------------------|-------------------|--|----------------------------------|
| [Enter serial number here] | [Enter name here] | [Enter relationship to respondent] of respondent | [Enter details of incident here] |

**Option 2: Variation/Suspension/Revocation of personal protection order**

Notes

1. I am seeking a [Select the applicable option]<sup>3</sup> of the PPO [number]/[year] dated [Enter date here]. For variation of PPO applications, I pray for the following to be included:

*Provide the Personal Protection Order No. in the following format:  
PPO [number]/[year]  
e.g. PPO 100/2020*

|                    |
|--------------------|
| Enter details here |
|--------------------|

<sup>2</sup> the options are: Placing victim in fear of hurt / Causing hurt to victim / Continual Harassment / Wrongful Confinement.

<sup>3</sup> The options are: variation / suspension / revocation.

2. My reasons for this application is as follows:-

Enter reason(s) here

3. I  have  have not lodged a previous complaint in Court in respect of this matter.

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

## **Written Complaint for Applications under the Maintenance Orders (Reciprocal Enforcement) Act 1975**

This form contains the relevant information required to be provided when filing the following applications under the Maintenance Orders (Reciprocal Enforcement) Act 1975 through the Family Justice Court's IFAMS system.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.** [for official use only]

**NATURE OF APPLICATION** Select the applicable nature of application<sup>1</sup>

## Section 1: Applicant's Details

| <b>APPLICANT'S PERSONAL PARTICULARS</b>                              |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here                                       |                                       | <b>GENDER</b><br>Enter gender here                       |  |
| <b>ID NO.</b><br>Enter ID No. here                                   | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here         | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here                                      |  |
| <b>EDUCATION</b>   |                                       | Enter education here                                     |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here                                    |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                     |                                       | Enter min. gross household income each month here        |  |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                     |                                       | Enter max. gross household income each month here        |  |
| <b>APPLICANT'S INCOME EACH MONTH</b>                                 |                                       | Enter Applicant's income each month here                 |  |
| <b>STAYING WITH RESPONDENT</b>                                       |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>DATE OF MARRIAGE TO RESPONDENT</b><br>Enter date of marriage here |                                       | <b>PLACE OF MARRIAGE</b><br>Enter place of marriage here |  |
| <b>MARRIAGE CERTIFICATE NO.</b><br>Enter Marriage Certificate No.    |                                       | <b>STATUS OF MARRIAGE</b><br>Enter Status of Marriage    |  |
| <b>CAN APPLICANT COMMUNICATE IN ENGLISH IN COURT?</b>                |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>PREFERRED LANGUAGE</b>  |                                       | <b>ALTERNATIVE LANGUAGE</b>                              |  |

<sup>1</sup> the options are: Provisional Maintenance Order (Outgoing) / Reciprocal Enforcement of Maintenance Order (Incoming) / Reciprocal Enforcement of Maintenance Order (Outgoing) / Variation of Singapore made Order / Variation of Singapore Registered Order / Revocation of Singapore made Order / Revocation of Singapore Registered Order / Enforcement of Singapore Registered Order.

|                               |                                 |
|-------------------------------|---------------------------------|
| Enter preferred language here | Enter alternative language here |
|-------------------------------|---------------------------------|

| <b>APPLICANT'S CONTACT INFORMATION</b>   |  |   |   |
|--|--|---|---|
| <b>ADDRESS</b><br>Enter address here     |  |   | <b>IS ADDRESS CONFIDENTIAL?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here                                | <b>FAX NO.</b><br>Enter Fax No. here  |
| <b>EMAIL</b><br>Enter email here         |  | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |

| <b>RESPONDENT'S PERSONAL PARTICULARS</b>                   |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>NAME</b><br>Enter name here                             |                                       |  | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here                         | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here               | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here  |  |
| <b>EDUCATION</b>   |                                       | Enter education here   |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here  |  |
| <b>CAN RESPONDENT COMMUNICATE IN ENGLISH IN COURT?</b>     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| <b>PREFERRED LANGUAGE</b><br>Enter preferred language here |                                       | <b>ALTERNATIVE LANGUAGE</b><br>Enter alternative language here |  |

| <b>RESPONDENT'S CONTACT INFORMATION</b>  |  |  |                                      |
|--|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here     |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |

|                                  |  |   |  |
|----------------------------------|--|---|--|
|                                  |  |   |  |
| <b>EMAIL</b><br>Enter email here |  | <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |

| <b>RECIPIENTS OF MAINTENANCE</b> |                                   |
|----------------------------------|-----------------------------------|
| <b>PERSON</b>                    | <b>RELATIONSHIP TO RESPONDENT</b> |
| Enter name of person. here       | Enter nature of relationship      |
| Enter name of person. here       | Enter nature of relationship      |
| Enter name of person. here       | Enter nature of relationship      |

## **Section 2: Application Details**

Select only one option.

### **Option 1: Application for Provisional Maintenance Order (outgoing)**

*Notes*

1. I, [Enter name], am applying for maintenance for [Enter name(s) of Recipient(s) of Maintenance].
2. I am married to the Respondent and there are currently  no ongoing  ongoing proceedings in Court between us.
3. The Respondent has neglected or refused to provide reasonable maintenance for [Enter name(s) of Recipient(s) of Maintenance] since [Enter date here].
4. I am applying for monthly maintenance of \$[Enter amount here] against the Respondent.
5. I confirm that I do not have any pending Court application relating to the same matter.

### **Option 2: Reciprocal Enforcement of Maintenance Order (incoming)**

*Notes*

1. Under the Maintenance Order No. [Enter details here], [Enter name of Respondent] was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. He/She is in arrears of \$[Enter amount here] as at [Enter date here].
3. I now seek enforcement of the maintenance order.

**Option 3: Reciprocal Enforcement of Maintenance Order (outgoing)**

*Notes*

1. Under the Maintenance Order No. [Enter details here], [Enter name of Respondent] was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. He/She is in arrears of \$[Enter amount here] as at [Enter date here].
3. I now seek enforcement of the maintenance order.
4. I confirm that I do not have any pending Court application relating to the same matter.

**Option 4: Variation of Singapore Made Order**

*Notes*

1. Under the Maintenance Order No. [Enter details here], the Respondent was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. I now seek a Variation Order of the maintenance order due to the following reasons:

[Enter reason(s) here]



3. I have not lodged any previous application relating to the same matter.

**Option 5: Revocation of Singapore Made Order**

Notes

1. Under the Maintenance Order No. [Enter details here], the Respondent was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. I now seek a Revocation Order of the maintenance order due to the following reasons:

[Enter reason(s) here]

3. I have not lodged any previous application relating to the same matter.

**Option 6: Variation of Singapore Registered Order**

Notes

1. Under the Maintenance Order No. [Enter details here], the Respondent was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. I now seek a Variation Order of the maintenance order due to the following reasons:

[Enter reason(s) here]

3. I have not lodged any previous application relating to the same matter.

**Option 7: Revocation of Singapore Registered Order**

Notes

1. Under the Maintenance Order No. [Enter details here], the Respondent was ordered to pay \$[Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. I now seek a Revocation Order of the maintenance order due to the following reasons:

[Enter reason(s) here]

3. I have not lodged any previous application relating to the same matter.

**Option 8: Enforcement of Singapore Registered Order**

Notes

1. Under the Maintenance Order No. [Enter details here], the Respondent was ordered to pay \$ [Enter amount here] towards the maintenance of [Enter name(s) of Recipient(s) of Maintenance].
2. He/She is in arrears of \$[Enter amount here] as at [Enter date here].
3. I now seek enforcement of the maintenance order.

4. I confirm that I do not have any pending Court application relating to the same matter.

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

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## **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 1961**

*Note: Only for Variation OR enforcement of maintenance orders (with prefix FJC / MO)*

To: Registrar  
Family Justice Courts

1. A maintenance order has been made in [Enter case number here] dated [Enter date here].
2. 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) of the Women’s Charter 1961 (“the Summons”) in the following manner<sup>1</sup>:
  - a.  by way of email to my email address at [Enter email address here]; and/or
  - b.  by way of multimedia messaging service or other messaging communication at my mobile telephone number at [Enter mobile telephone number here].
3. 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 of the Women’s Charter 1961 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.
4. I further acknowledge that:
  - a. 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 [FJC\\_MAINTPOS@judiciary.gov.sg](mailto:FJC_MAINTPOS@judiciary.gov.sg).
  - b. 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 [FJC\\_MAINTPOS@judiciary.gov.sg](mailto:FJC_MAINTPOS@judiciary.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,

---

<sup>1</sup> You may select both options if preferred.

the Court is entitled to rely on this consent for purposes of serving the Summons on me.

---

Signature of consenting party

Name of consenting party: Enter name here

Date: Enter date here

Interpreted by (if required): Enter name of court interpreter or consenting party's solicitor

P.3, r.11(1), 60 FJ(G)R 2024

## Affidavit of Service

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. [prefix] [number]/[year] Between  
 Sub Case No. [number]/[year]<sup>1</sup> [Applicant's name]  
 [ID No.] ... Applicant(s)  
 And  
 [Respondent's name]  
 [ID No.] ... Respondent(s)

### AFFIDAVIT OF SERVICE<sup>2</sup>

#### Section 1: Introduction

Name of maker: Enter full name as per NRIC/ Passport here.  
 Identity No.: Enter NRIC/ FIN/ Passport no. here.  
 Address: Enter address here.  
 Occupation/ Appointment: Enter occupation/ appointment here.

1. I  did  attempted to<sup>3</sup> serve the [state document to be served] on [state name and identification number of person to be served] on [Enter date here] by [state mode of service and details of service].
2. [State outcome of service].
3. [State other information or evidence of service, if applicable].

#### Section 2: Affirmation

<sup>1</sup> To insert sub-case details if relevant.

<sup>2</sup> This form should only be used in respect of service in Quasi-Criminal proceedings under Part 3 of the Family Justice (General) Rules 2024. For all other proceedings under the Family Justice (General) Rules 2024, please use the Affidavit of Service (Failed Attempts) (Form 78A) or Affidavit of Service (Successful Attempt) (Form 78B).

<sup>3</sup> Select as applicable.

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

## Declaration of Service (Process Server)

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

**Summons No.:** [Enter Summons number here]

**Expedited Order:** [Enter Expedited Order number, if applicable]

**Name of Respondent:** [Enter name of Respondent]

**Address of Respondent:** [Enter address of Respondent]

### DECLARATION OF SERVICE (PROCESS SERVER)

I, **Court Process Server**, Enter full name as per NRIC/ Passport here, attached to the FAMILY JUSTICE COURTS, Enter address here, declare and say as follows: -

1. I did on [Enter date here] at about [Enter time here, e.g. 10.45]  AM  PM go to the abovementioned address to serve the [State documents that are to be served] on the above-mentioned respondent.
2. [State details of service].
3. I hereby confirm and declare that the service  has  has not been effected as set out above and that the information set out herein is true and correct to the best of my knowledge, information and belief.

Date: [Enter date here]



**Applicant's**  
 **Affidavit  Statement**  
**for Personal Protection Order**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Summons No. SS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

**APPLICANT'S  AFFIDAVIT  STATEMENT**

**Section 1: Introduction**

Name of maker: Enter full name as per NRIC/ Passport here.

Identity No.: Enter NRIC/ FIN/ Passport no. here.

Address: Enter address here.

Occupation: Enter occupation here.

1. I am the Applicant in [Enter case number here].

**Section 2: Details of Application**

2. On [Enter date here], I lodged a Magistrate Complaint against the Respondent for family violence for the purpose of obtaining a [Select applicable option]<sup>1</sup> against the Respondent in favour of<sup>2</sup>:

---

<sup>1</sup> the options are: Personal Protection Order / Domestic Exclusion Order / Personal Protection Order and Domestic Exclusion Order

<sup>2</sup> Select the applicable option.

myself;

my child or children of the marriage, namely:

(a) [Name of the child] born on [Enter date of birth];

(b) [Name of the child] born on [Enter date of birth];

others

(c) [State the relationship here].

*Select the applicable option for paragraph 3 and enter the applicable details.*

3.  The Respondent was married to me at [Enter place of marriage] on [Enter date here].

The Respondent is related to me.

[If applicable, explain the relationship between the respondent and the “others” seeking protection]

4. The respondent and I are currently  living  not living together.

### **Incidents relied upon in support of application**

*To note:*

(a) *Each paragraph is to be numbered consecutively.*

(b) *Dates, sums and other numbers must be expressed in figures and not in words.*

(c) *Facts should be set out clearly and chronologically or in some other logical sequence.*

5. I set out the incidents relied upon in support of my application:

[Please set out the date/time and the sequence of events of the latest incident you are relying on in support of your application.]

6. *If applicable, please set out the past history of family violence and narrate them according to the date/time the incident occurred, as well as the sequence of events.*

Enter details here.

7. I ask that a Select applicable option<sup>3</sup> be issued against the Respondent.

### **Section 3: Affirmation or Declaration**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) or signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024, whichever is applicable.

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<sup>3</sup> the options are: Personal Protection Order / Domestic Exclusion Order / Personal Protection Order and Domestic Exclusion Order.

## Applicant's Affidavit Statement for Maintenance Order

*Application for maintenance of self and/or child(ren) only*

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### APPLICANT'S AFFIDAVIT STATEMENT

*Application for maintenance of self and/or child(ren) only*

## Section 1: Personal Particulars

|   |   |
|---|---|
| <b>Full name:</b>   | Enter name here                                 |
| <b>NRIC/ Passport No.:</b>  | Enter NRIC/Passport No. here                    |
| <b>Email address:</b><br><br><i>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.</i> | Enter email address here                        |
| <b>Highest Educational qualification(s):</b>  | Enter highest educational qualification(s) here |

|   |   |
|---|---|
| <p><b>Physical/mental disability or illness *:</b></p> <p><i>(*This <u>only applies</u> for incapacitated husbands claiming for maintenance for themselves)</i></p>   | <p><input type="checkbox"/> No</p> <p>If no, please proceed to Section 2.</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please proceed to fill in the row below.</p> |
| <p><b>Details of physical/mental disability or illness:</b></p> <p><i>Please state the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</i></p> <p><i>Please also provide a report prepared by a registered medical practitioner stating the following: (a) the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood, (b) the date you began to suffer such disability or illness, (c) the extent to which you are incapacitated from that physical or mental disability or illness from earning a livelihood, and (d) the period of time during which you are incapacitated, by that physical or mental disability or illness, from earning a livelihood.</i></p> | <p>Enter the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</p>  |

|   |
|---|
| <p><b>Confirmation of submission of supporting documents</b></p>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 1 Documents</i>”.</p> <p><input type="checkbox"/> Report relating to my physical or mental disability or illness causing me to be incapacitated from earning a livelihood</p> |

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 2: Particulars of Marriage and/or Children

|  |  |
|--|--|
| <p><b>If you are married to the respondent, is the Marriage a Muslim Marriage?</b></p> <p><i>Please note that a Muslim marriage is where both parties were Muslim at the time of marriage, and the marriage is solemnised in accordance with Muslim Law.</i></p> | <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p>   |
| <p><b>Are there currently any divorce proceedings in the Family Court or the Syariah Court?</b></p>  | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide:</p> <p>(i) Case No: Enter Case no. here</p> <p>(ii) Court: Enter type of Court here</p> <p>(iii) Date of application: Enter date of application here</p> <p>(iv) Next Case Conference/Hearing Date (if any): Enter next Case Conference/ Hearing date here</p> <p><input type="checkbox"/> No.</p> |
| <p><b>Has there been an order dissolving the marriage?</b></p> <p><i>Please provide the relevant court order(s) where applicable.</i></p>  | <p><input type="checkbox"/> Yes. [Enter type of order] was granted on [Enter date of order].</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Not applicable</p>  |
| <p><b>Are there any children to the marriage?</b></p>  | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide:</p> <p>(i) No. of children: Enter no. of children here</p> <p>(ii) Name / Age of child(ren):</p>   |

|  |  |                              |                         |
|--|--|------------------------------|-------------------------|
|  |  | <b>Name<sup>1</sup></b>      | <b>Age</b>              |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | <input type="checkbox"/> No. |                         |

|  |
|--|
| <b>Confirmation of submission of supporting documents</b>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 2 Documents</i>”.</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Court Order(s) dissolving the Marriage</p> <p><input type="checkbox"/> Birth Certificate(s) of Children</p> |

|   |
|---|
| <p>[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]</p> |
| <p>I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).</p>   |

**Section 3: Claim for Maintenance**

|   |   |
|---|---|
| <p><b>Who are you claiming maintenance for?</b></p> <p><i>*For the purposes of this application, where applicable, an application</i></p> | <p><input type="checkbox"/> For myself <u>only</u>; or</p> <p><input type="checkbox"/> For my child(ren)* <u>only</u>; or</p> <p><input type="checkbox"/> For myself <u>and</u> my child(ren)*.</p> |
|---|---|

<sup>1</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  |   |
|--|---|
| <p><i>for child maintenance also includes a child, which may not be parties' biological child, but a child who has been accepted as part of the family (see section 70 Women's Charter 1961).</i></p>  |   |
| <p><b>If you are:</b></p> <p><b>(i) making a claim for your child(ren); and</b></p> <p><b>(ii) wish for such maintenance order to extend beyond the age of 21 years old,</b></p> <p><b>please indicate the relevant special circumstances here.</b></p> <p><i>Please note: If the child(ren) are already above 21 years old <u>at the time of the application</u>, and are able to make such application by themselves, they are required to <u>make a separate application on their own.</u>)</i></p> | <p><input type="checkbox"/> mental or physical disability; or</p> <p><input type="checkbox"/> serving full-time national service; or</p> <p><input type="checkbox"/> receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or</p> <p><input type="checkbox"/> other special circumstances (please state): Enter details of special circumstances here</p> |
| <p><b>If you are a <u>child above 21 claiming for maintenance against your parent or a person who has accepted you as a member of the family</u>, please state brief reasons for making such an application</b></p>  | <p><input type="checkbox"/> serving full-time national service; or</p> <p><input type="checkbox"/> receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or</p> <p><input type="checkbox"/> other special circumstances (please state): Enter details of special circumstances here</p>   |
| <p><b>If your claim is for child(ren) maintenance against a Respondent who is not the biological parent of the child(ren) but who has accepted the child(ren) as a member of the family, please state your reason(s) as to why the Respondent</b></p>  | <p>Enter reasons here.</p>  |



| <p><b>has accepted the child(ren) as a member of the family</b></p> <p><b>(Please see Section 70 of the Women’s Charter 1961)</b></p>   |   |  |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
|---|---|--|------------------------|----------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|--------------|--|-------------------------|-----|------------------------------|--|----|----------------------------|--------------------|----|----------------------------|--------------------|----|----------------------------|--------------------|
| <p><b>I am making the following claim(s) for maintenance.</b></p> <p><i>Please fill in the appropriate sections for your claim(s). You <u>do not</u> have to fill up all the sections.</i></p> <p><i>If you are seeking maintenance for (i) child(ren) or (ii) yourself and your child(ren), please list out the specific amount for each recipient.</i></p> <p><i>Please note that if you are claiming for maintenance for specific expenses and fixed monthly expenses, you should not repeat those expenses in your claim for your fixed monthly sums. Such repetition may be rejected by the Court.</i></p> | <p><u>Lump Sum Maintenance</u></p> <p><input type="checkbox"/> I am asking for a lump sum payment of S\$[Enter amount here]</p> <p><u>Fixed Monthly Maintenance</u></p> <p><input type="checkbox"/> I am asking for fixed monthly maintenance of S\$ [Enter amount here] per month with effect from Enter date of commencement here. Such payment is to be made on the [Enter day here] of the month.</p> <p><input type="checkbox"/> I am seeking for maintenance for (i) my child(ren) or (ii) myself and my child(ren)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 10%;">S/N</th> <th style="width: 60%;">Recipient<sup>2</sup></th> <th style="width: 30%;">Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr><td>1.</td><td>Enter name of recipient here</td><td>Enter amount here</td></tr> <tr><td>2.</td><td>Enter name of recipient here</td><td>Enter amount here</td></tr> <tr><td>3.</td><td>Enter name of recipient here</td><td>Enter amount here</td></tr> <tr><td>4.</td><td>Enter name of recipient here</td><td>Enter amount here</td></tr> <tr><td>5.</td><td>Enter name of recipient here</td><td>Enter amount here</td></tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> <p><u>Maintenance for specific expenses</u></p> <p><input type="checkbox"/> I am asking for maintenance of the specific expenses: <i>(e.g. medical, dental reimbursement)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 10%;">S/N</th> <th style="width: 60%;">Item of Expense<sup>3</sup></th> <th style="width: 30%;">Monthly Amount (S\$) / % Reimbursement</th> </tr> </thead> <tbody> <tr><td>1.</td><td>Enter item of expense here</td><td>Enter details here</td></tr> <tr><td>2.</td><td>Enter item of expense here</td><td>Enter details here</td></tr> <tr><td>3.</td><td>Enter item of expense here</td><td>Enter details here</td></tr> </tbody> </table> | S/N                                    | Recipient <sup>2</sup> | Monthly Amount (S\$) | 1. | Enter name of recipient here | Enter amount here | 2. | Enter name of recipient here | Enter amount here | 3. | Enter name of recipient here | Enter amount here | 4. | Enter name of recipient here | Enter amount here | 5. | Enter name of recipient here | Enter amount here | <b>Total</b> |  | Enter total amount here | S/N | Item of Expense <sup>3</sup> | Monthly Amount (S\$) / % Reimbursement | 1. | Enter item of expense here | Enter details here | 2. | Enter item of expense here | Enter details here | 3. | Enter item of expense here | Enter details here |
| S/N   | Recipient <sup>2</sup>  | Monthly Amount (S\$)                   |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 1.  | Enter name of recipient here  | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 2.  | Enter name of recipient here  | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 3.  | Enter name of recipient here  | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 4.  | Enter name of recipient here  | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 5.  | Enter name of recipient here  | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| <b>Total</b>  |   | Enter total amount here                |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| S/N   | Item of Expense <sup>3</sup>  | Monthly Amount (S\$) / % Reimbursement |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 1.  | Enter item of expense here  | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 2.  | Enter item of expense here  | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |
| 3.  | Enter item of expense here  | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |

<sup>2</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>3</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  |  |                                     |                             |
|--|--|-------------------------------------|-----------------------------|
|  | 4.   | Enter item of expense here          | Enter details here          |
|  | 5.   | Enter item of expense here          | Enter details here          |
|  | <b>Total</b>   |                                     | Enter total amount here     |
| <b>My maintenance should be paid into the following bank account:</b>  | <b>NAME OF BANK:</b>   | <b>ENTER NAME OF BANK HERE.</b>     |                             |
|  | <b>ACCOUNT NUMBER:</b>   | Enter account number here           |                             |
| <b>The Respondent has been paying for some expenses:</b><br><br><i>Please provide the relevant supporting documents of such payments where applicable.</i> | The Respondent has been making the following payments:<br>(e.g. allowance, utilities, mortgage etc.) |                                     |                             |
|  |  |                                     |                             |
|  | <b>S/N</b>   | <b>Type of Expenses<sup>4</sup></b> | <b>Monthly Amount (S\$)</b> |
|  | 1.   | Enter item of expense here          | Enter amount here           |
|  | 2.   | Enter item of expense here          | Enter amount here           |
|  | 3.   | Enter item of expense here          | Enter amount here           |
|  | 4.   | Enter item of expense here          | Enter amount here           |
|  | 5.   | Enter item of expense here          | Enter amount here           |
|  | <b>Total</b>   |                                     | Enter total amount here     |

|   |
|---|
| <b>Confirmation of submission of supporting documents</b>   |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 3 Documents</i>”.</p> <p><input type="checkbox"/> Evidence of the Respondent’s contribution to maintenance (i.e. transfer receipts, payment receipts etc.</p> |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
|--|

<sup>4</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 4: My Financial Position – Income

|  |   |
|--|---|
| <p><b>Occupation</b></p> <p><i>If you are presently unemployed, please state (i) when you were last employed and (ii) the job that you were previously in.</i></p> <p><i>Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.)</i></p> | <p>Enter occupation here.</p>   |
| <p><b>Working Full Time / Part Time</b></p>  | <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> |
| <p><b>Monthly income</b></p> <p><i>If you are presently unemployed, please state last drawn salary.</i></p> <p><i>Please provide the following: (i) payslips for the last 6 months, and (ii) CPF statements for the past 6 months.</i></p>   | <p>Enter monthly income here</p>  |
| <p><b>Annual income</b></p> <p><i>Please provide your IRAS Notice of Assessment for the past 3 years.</i></p>  | <p>Enter annual income here</p>   |

| <p><b>Other sources of income</b></p> <p><i>(e.g. investment, shares, bonds, rental, commissions, interest)</i></p> <p><i>Please provide all relevant supporting documents to show such other income.</i></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" data-bbox="531 271 1385 797"> <thead> <tr> <th>S/N</th> <th>Type of Income<sup>5</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> | S/N                     | Type of Income <sup>5</sup>                         | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
|---|---|-------------------------|---|----------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|--------------|--|-------------------------|
| S/N   | Type of Income <sup>5</sup>   | Monthly Amount (S\$)    |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>  |   | Enter total amount here |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <p><b>Are you on any social welfare or financial assistance scheme?</b></p> <p><i>Please provide all relevant supporting documents to show proof.</i></p>   | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide details on:</p> <table border="1" data-bbox="571 965 1313 1305"> <thead> <tr> <th>S/N</th> <th>Type of Welfare / Financial Assistance<sup>6</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> <p><input type="checkbox"/> No.</p>       | S/N                     | Type of Welfare / Financial Assistance <sup>6</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
| S/N   | Type of Welfare / Financial Assistance <sup>6</sup>   | Monthly Amount (S\$)    |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.  | Enter type here   | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>  |   | Enter total amount here |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |

| <b>Confirmation of submission of supporting documents</b>   |
|---|
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 4 Documents</i>”.</p> <p><input type="checkbox"/> Proof of Employment (i.e. employment contract, and etc.)</p> <p><input type="checkbox"/> Payslips for the past 6 months</p> <p><input type="checkbox"/> CPF Statements for the past 6 months</p> <p><input type="checkbox"/> IRAS Notice of Assessment for the past 3 years</p> |

<sup>5</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>6</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

- Documents showing proof of other sources of income
- Documents proving social welfare or financial assistance

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 5: My Financial Position – Assets

### I have the following assets:

- (a) Please tick the appropriate checkboxes.
- (b) Please also indicate assets jointly owned with others.
- (c) Please also indicate assets located in Singapore and overseas.
- (d) Please state the value of the asset as at the date you submit this statement.

### PROPERTY

I own the following property(ies):

| S/N | Type of Property <sup>7</sup>  | Amount / Value (S\$)<br>(if asset is foreign, please also state corresponding foreign currency value) |
|-----|--|---|
|     | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><input type="checkbox"/> Executive Condominium<br><input type="checkbox"/> Private Apartment<br><input type="checkbox"/> Landed House<br><input type="checkbox"/> Others: Enter type of property here | Enter amount/ value here  |
|     | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><input type="checkbox"/> Executive Condominium<br><input type="checkbox"/> Private Apartment  | Enter amount/ value here  |

<sup>7</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| S/N | Type of Property <sup>7</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
|     | <input type="checkbox"/> Landed House<br><br><input type="checkbox"/> Others: Enter type of property here |  |

### **SECURITIES (e.g., shares, bonds)**

I own the following securities:

| S/N | Type of Securities <sup>8</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---------------------------------|--|
| 1.  | Enter type of securities here   | Enter amount/ value here   |
| 2.  | Enter type of securities here   | Enter amount/ value here   |
| 3.  | Enter type of securities here   | Enter amount/ value here   |

### **BANK ACCOUNTS**

I own the following bank account(s):

| S/N | Type of Bank Account <sup>9</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount/ value here   |
| 2.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount/ value here   |
| 3.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here  | Enter amount/ value here   |

<sup>8</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>9</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| S/N | Type of Bank Account <sup>9</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
|     | Account No: Enter bank account no. here   |  |
| 4.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount/ value here   |

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

### **VEHICLE**

I own the following vehicle(s):

| S/N | Type of Vehicle <sup>10</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount/ value here   |
| 2.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount/ value here   |

### **OTHER ASSETS**

I own the following asset(s):

---

<sup>10</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| S/N | Type of Asset <sup>11</sup><br>(this includes any digital assets (e.g.,<br>cryptocurrency, Non-fungible tokens<br>(NFTs), and Central bank digital currencies<br>(CBDCs)) | Amount / Value (S\$)<br>(if asset is foreign, please also<br>state corresponding foreign<br>currency value) |
|-----|---|---|
| 1   | Enter type of asset here  | Enter amount/ value here  |
| 2   | Enter type of asset here  | Enter amount/ value here  |
| 3   | Enter type of asset here  | Enter amount/ value here  |
| 4   | Enter type of asset here  | Enter amount/ value here  |
| 5   | Enter type of asset here  | Enter amount/ value here  |

| <b>Confirmation of submission of supporting documents</b>   |
|---|
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 5 Documents</i>”.</p> <p><input type="checkbox"/> Documents showing value of property(ies)</p> <p><input type="checkbox"/> Documents showing value of security(ies)</p> <p><input type="checkbox"/> Bank(s) statements for the past 6 months</p> <p><input type="checkbox"/> Document showing value of vehicle(s)</p> <p><input type="checkbox"/> Documents showing value of other asset(s)</p> |

|   |
|---|
| <p>[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]</p> |
| <p>I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).</p>   |

## **Section 6: 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 purchases etc. and provide supporting documents.*

---

<sup>11</sup> If there is additional information which requires more rows, please include such additional information in Section 8.



| <b>Liabilities / Debts<sup>12</sup></b>  | <b>Amount</b>     | <b>Details (e.g. monthly repayment amount, when liability ends)</b> | <b>Document(s) I am providing</b> |
|--|-------------------|---|-----------------------------------|
| Enter liability/debt here  | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here  | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here  | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here  | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here  | Enter amount here | Enter details here  | Enter document type here          |
| <b>Confirmation of submission of supporting documents</b>  |                   |   |                                   |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Applicant’s Section 6 Documents</i> ”. |                   |   |                                   |
| <input type="checkbox"/> Documents and receipts to prove debt(s) and/or liability(ies)   |                   |   |                                   |

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 7: My Financial Position – Expenses**

### **PERSONAL EXPENSES**

<sup>12</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>13</sup></b>                            |                    | <b>Amount per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable</i> |
|--|--------------------|--|
| <i>Housing Expenses</i>  |                    |  |
| Mortgage Loan  | Cash               | Enter amount here  |
|  | CPF                | Enter amount here  |
| Rent (if applicable)   |                    | Enter amount here  |
| Utilities (Electricity / Water / Gas)                          |                    | Enter amount here  |
| Conservancy Charges/Town Council Service & Conservancy Charges |                    | Enter amount here  |
| Cable TV / TV Streaming Services                               |                    | Enter amount here  |
| Internet   |                    | Enter amount here  |
| Home telephone line  |                    | Enter amount here  |
| Domestic Helper  | Salary             | Enter amount here  |
|  | Levy               | Enter amount here  |
|  | Medical            | Enter amount here  |
|  | Others             | Enter amount here  |
| Others<br><i>Please specify.</i>                               | Enter details here | Enter amount here  |
|  | Enter details here | Enter amount here  |
|  | Enter details here | Enter amount here  |
|  | Enter details here | Enter amount here  |
|  | Enter details here | Enter amount here  |
| <i>Food / Groceries</i>  |                    |  |
| Food   |                    | Enter amount here  |
| Groceries  |                    | Enter amount here  |
| Dining Out   |                    | Enter amount here  |
| <i>Public Transport</i>  |                    |  |
| Taxi / Private Hire  |                    | Enter amount here  |
| Bus / MRT  |                    | Enter amount here  |
| Concession Passes  |                    | Enter amount here  |
| <i>Private Transport</i>                                       |                    |  |
| Vehicle Loan (or Hire Purchase)                                |                    | Enter amount here  |

<sup>13</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>13</sup></b>   |                             | <b>Amount per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> |
|---|-----------------------------|--|
| Rental (if you do not own a vehicle, but are renting one instead)   |                             | Enter amount here  |
| Fuel  |                             | Enter amount here  |
| Road Tax  |                             | Enter amount here  |
| Motor Insurance   |                             | Enter amount here  |
| ERP   |                             | Enter amount here  |
| Others  |                             | Enter amount here  |
| <i>Medical / Dental / Insurance</i>   |                             |  |
| Medical   |                             | Enter amount here  |
| Dental  |                             | Enter amount here  |
| Personal Insurance(s)<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) |                             | Enter amount here  |
| <i>Personal Expenses</i>  |                             |  |
| Clothing  |                             | Enter amount here  |
| Shoes   |                             | Enter amount here  |
| Personal Grooming   |                             | Enter amount here  |
| Toiletries  |                             | Enter amount here  |
| Supplements   |                             | Enter amount here  |
| Mobile phone  | Post-paid                   | Enter amount here  |
|   | Pre-paid                    | Enter amount here  |
|   | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment   |                             | Enter amount here  |
| Allowance for parents   |                             | Enter amount here  |
| Recreation  | Entertainment (Movies, etc) | Enter amount here  |
|   | Hobbies                     | Enter amount here  |
|   | Sports                      | Enter amount here  |
|   | Outings                     | Enter amount here  |
|   | Travel                      | Enter amount here  |
| Cigarettes / Alcohol  |                             | Enter amount here  |
| <i>Others</i>   |                             |  |
| Enter type of expense here  |                             | Enter amount here  |

|                            |                         |
|----------------------------|-------------------------|
| Enter type of expense here | Enter amount here       |
| Enter type of expense here | Enter amount here       |
| Enter type of expense here | Enter amount here       |
| Enter type of expense here | Enter amount here       |
| <i>Total</i>               |                         |
| <b>Total</b>               | Enter total amount here |

**CHILD(REN) EXPENSES (IF APPLICABLE)**

| <b>Type of Expense<sup>14</sup></b>   | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable.</i> |
|---|--|
| <i>Food / Groceries</i>   |  |
| Food  | Enter amount here  |
| Groceries   | Enter amount here  |
| Dining Out  | Enter amount here  |
| <i>Transport</i>  |  |
| Taxi / Private Hire   | Enter amount here  |
| Bus / MRT   | Enter amount here  |
| Concession Passes   | Enter amount here  |
| <i>Medical / Dental / Insurance</i>   |  |
| Medical   | Enter amount here  |
| Dental  | Enter amount here  |
| Personal Insurance<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance.) | Enter amount here  |
| <i>School-related expenses</i>  |  |
| School Fees   | Enter amount here  |
| Pocket Money  | Enter amount here  |
| School Bus  | Enter amount here  |
| Enrichment / Tuition  | Enter amount here  |
| Stationery  | Enter amount here  |
| Assessment Books  | Enter amount here  |

<sup>14</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>14</sup></b>     |                             | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|---|-----------------------------|--|
| School Books / Assessment Books         |                             | Enter amount here  |
| School Uniform                          |                             | Enter amount here  |
| <i>Childcare expenses</i>               |                             |  |
| Childcare fees                          |                             | Enter amount here  |
| Student Care fees                       |                             | Enter amount here  |
| After School Care fees                  |                             | Enter amount here  |
| <i>Personal Expenses</i>                |                             |  |
| Diapers                                 |                             | Enter amount here  |
| Clothing                                |                             | Enter amount here  |
| Personal Grooming                       |                             | Enter amount here  |
| Toiletries                              |                             | Enter amount here  |
| Mobile phone                            | Post-paid                   | Enter amount here  |
|   | Pre-paid                    | Enter amount here  |
|   | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment |                             | Enter amount here  |
| Recreation                              | Entertainment (Movies, etc) | Enter amount here  |
|   | Hobbies                     | Enter amount here  |
|   | Sports                      | Enter amount here  |
|   | Outings                     | Enter amount here  |
|   | Travel                      | Enter amount here  |
| <i>Others</i>                           |                             |  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| <i>Total</i>                            |                             |  |
| <b>Total</b>                            |                             | Enter total amount here  |

| <b>Confirmation of submission of supporting documents</b>  |
|--|
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Applicant’s Section 7 Documents</i> ”. |

Documents and receipts showing proof of personal expenses

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 8: Other further information to inform the Court**

**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.)**

*Please also include any supporting documents to such information.*

Enter any other relevant information to your application here

### **Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 8 Documents*”.

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

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 9: Affirmation or Declaration**

If the document is titled as an affidavit, the affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

The statement is to be declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

I understand that if I am requesting for disclosure of additional relevant documents that are not part of the applicable required documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>15</sup> together with this Statement.

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<sup>15</sup> The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024.

## Applicant's Affidavit Statement for Variation/ Suspension/ Rescission of Maintenance Order

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary. Please seek legal advice if necessary.

### 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.

\*\*Important statutory provision

### **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.



## IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No

MSS [number]/[year]

Between

[Applicant's name]

[ID No.]

... Applicant(s)

And

[Respondent's name]

[ID No.]

... Respondent(s)

### APPLICANT'S AFFIDAVIT STATEMENT

*Application to vary/ suspend/ rescind a maintenance order*

#### Section 1: Personal Particulars

|   |  |
|---|--|
| <b>Full name:</b>   | Enter name here  |
| <b>NRIC/ Passport No.:</b>  | Enter NRIC/Passport No. here   |
| <b>Email Address:</b><br><br><i>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.</i> | Enter email address here   |
| <b>Highest educational qualification(s)</b>   | Enter highest educational qualification(s) here  |
| <b>Physical/mental disability or illness?*</b><br><br><i>(*This <u>only applies</u> for incapacitated husbands claiming for maintenance)</i>  | <input type="checkbox"/> No<br><br>If no, please proceed to Section 2.<br><br><input type="checkbox"/> Yes<br><br>If yes, please proceed to fill in the row below. |

|   |  |
|---|--|
| <p><b>Details of physical/mental disability or illness:</b></p> <p><i>If applicable, please state the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</i></p> <p><i>Please also provide a report prepared by a registered medical practitioner stating the following: (a) the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood, (b) the date you began to suffer such physical or mental disability or illness, (c) the extent to which you are incapacitated by that physical or mental disability or illness from earning a livelihood, and (d) the period of time during which you are incapacitated, by that physical or mental disability or illness, from earning a livelihood.</i></p> | <p>Enter the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</p> |
|---|--|

|   |
|---|
| <p><b>Confirmation of submission of supporting documents</b></p>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “<i>Applicant’s Section 1 Documents</i>”.</p> <p><input type="checkbox"/> Report relating to my physical or mental disability or illness causing me to be incapacitated from earning a livelihood (where applicable).</p> |

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 2: Particulars of Marriage and/or Children

|  |  |
|--|--|
| <p><b>If you are married to the respondent, is the Marriage a Muslim Marriage?</b></p> <p><i>Please note that a Muslim marriage is where both parties were Muslim at the time or marriage, and the marriage as solemnised in accordance with Muslim Law.</i></p> | <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p>   |
| <p><b>Are there currently any divorce proceedings in the Family Court or the Syariah Court?</b></p>  | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide:</p> <p>(i) Case No: Enter Case no. here</p> <p>(ii) Court: Enter type of Court here</p> <p>(iii) Date of application: Enter date of application here</p> <p>(iv) Next Case Conference/Hearing Date (if any): Enter next Case Conference/ Hearing date here</p> <p><input type="checkbox"/> No.</p> |
| <p><b>Has there been an order dissolving the marriage?</b></p> <p><i>Please provide the relevant court order(s) where applicable.</i></p>  | <p><input type="checkbox"/> Yes. [Enter type of order] was granted on [Enter date of order].</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Not applicable</p>  |
| <p><b>Are there any children to the marriage?</b></p>  | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide:</p> <p>(i) No. of children: Enter no. of children here</p> <p>(ii) Name / Age of children:</p>   |

|                              |  |                          |                         |
|------------------------------|--|--------------------------|-------------------------|
|                              |  | <b>Name<sup>1</sup></b>  | <b>Age</b>              |
|                              |  | Enter name of child here | Enter age of child here |
|                              |  | Enter name of child here | Enter age of child here |
|                              |  | Enter name of child here | Enter age of child here |
|                              |  | Enter name of child here | Enter age of child here |
|                              |  | Enter name of child here | Enter age of child here |
| <input type="checkbox"/> No. |  |                          |                         |

|  |
|--|
| <b>Confirmation of submission of supporting documents</b>  |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Applicant’s Section 2 Documents</i> ”.       |
| <input type="checkbox"/> Marriage Certificate<br><input type="checkbox"/> Court Order(s) dissolving the Marriage<br><input type="checkbox"/> Birth Certificate of Children |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
| I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).   |

### Section 3: General details of Application

*Please state the details of the Court Order you wish to make changes to and state the change(s) you wish to make.*

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

<sup>1</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|                     |                     |                     |                     |
|---------------------|---------------------|---------------------|---------------------|
| Enter details here. | Enter details here. | Enter details here. | Enter details here. |
|                     |                     |                     |                     |
|                     |                     |                     |                     |

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

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

*Please provide additional reasons, if any, at section E below.*

Enter the main reason(s) for your application here

### **Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 3 Documents*”.

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

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 4: My Financial Position – Income**

|   |   |   |
|---|---|---|
| <p><b>Occupation</b></p> <p><i>*If there has been a change in employment or employment status since the time of the relevant Court Order, please state:</i></p> <p>(1) <i>Your employment at the time of the Court order;</i></p> <p>(2) <i>Your current employment; and</i></p> <p>(3) <i>If you are currently unemployed, the length of time you have been unemployed.</i></p> <p><i>Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.</i></p> | <p><u>When the Court order was made</u></p> <p>Enter occupation here.</p>   | <p><u>Now</u></p> <p>Enter occupation here.</p>   |
| <p><b>Working Full Time/ Part Time</b></p>  | <p><u>When the Court order was made</u></p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> | <p><u>Now</u></p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> |
| <p><b>Monthly Income</b></p> <p><i>Please provide the following: (i) payslips for the latest 3-6 months, (ii) CPF statements for the past 6 months.</i></p>   | <p><u>When the Court order was made</u></p> <p>Enter monthly income here</p>  | <p><u>Now</u></p> <p>Enter monthly income here</p>  |

| <p><b>Annual Income</b></p> <p><i>Please provide your IRAS Notice of Assessment for the past 3 years.</i></p>  | <p><u>When the Court order was made</u></p> <p>Enter annual income here</p>  | <p><u>Now</u></p> <p>Enter annual income here</p> |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|--|--|---|-----|---|----------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|--------------|--|-------------------------|
| <p><b>Other sources of income<sup>2</sup></b></p> <p><i>Please provide all relevant supporting documents to show such other income.</i></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" data-bbox="531 584 1385 1111"> <thead> <tr> <th>S/N</th> <th>Type of Income<sup>3</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> |   | S/N | Type of Income <sup>3</sup>                         | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
| S/N  | Type of Income <sup>3</sup>  | Monthly Amount (S\$)                              |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>   |  | Enter total amount here                           |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <p><b>Are you on any social welfare or financial assistance scheme?</b></p> <p><i>Please provide all relevant supporting documents to show proof..</i></p> | <p><input type="checkbox"/> Yes.</p> <p>If Yes, please provide details on:</p> <table border="1" data-bbox="571 1413 1313 1751"> <thead> <tr> <th>S/N</th> <th>Type of Welfare / Financial Assistance<sup>4</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table>   |   | S/N | Type of Welfare / Financial Assistance <sup>4</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
| S/N  | Type of Welfare / Financial Assistance <sup>4</sup>  | Monthly Amount (S\$)                              |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.   | Enter type here  | Enter amount here                                 |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>   |  | Enter total amount here                           |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |

<sup>2</sup> E.g. investment, shares, bonds, rental, commissions, interest.

<sup>3</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>4</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  |                              |
|--|------------------------------|
|  | <input type="checkbox"/> No. |
|--|------------------------------|

**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 4 Documents*”.

- Proof of Employment (i.e. employment contract, and etc.)
- Proof of termination/ retrenchment/ cessation from employment (if applicable)
- Payslips for the past 6 months
- CPF Statements for the past 6 months
- IRAS Notice of Assessment for the past 3 years
- Documents showing proof of other sources of income
- Documents proving social welfare or financial assistance

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 5: My Financial Position – Assets**

**I have the following assets:**

- (d) *Please tick the appropriate checkboxes.*
- (e) *Please also indicate assets jointly owned with others.*
- (f) *Please also indicate assets located in Singapore and overseas.*
- (g) *Please state the value of the asset as at the date you submit this statement.*

### **PROPERTY**

I own the following property(s):



| S/N | Type of Property <sup>5</sup>  | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|--|--|
| 3.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><br><input type="checkbox"/> Executive Condominium<br><br><input type="checkbox"/> Private Apartment<br><br><input type="checkbox"/> Landed House<br><br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here  |
| 4.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><br><input type="checkbox"/> Executive Condominium<br><br><input type="checkbox"/> Private Apartment<br><br><input type="checkbox"/> Landed House<br><br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here  |

|  |                              |
|--|------------------------------|
| <b>When the Court order was made, did you have the same property(ies) as declared above?</b> | <input type="checkbox"/> Yes |
|  | <input type="checkbox"/> No  |
| Please state the changes: Enter the change since the order was made here                     |                              |

**SECURITIES (e.g., shares, bonds)**

I own the following securities:

| S/N | Type of Securities <sup>6</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---------------------------------|--|
| 1.  | Enter type of securities here   | Enter amount / value here  |
| 2.  | Enter type of securities here   | Enter amount / value here  |
| 3.  | Enter type of securities here   | Enter amount / value here  |

<sup>5</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>6</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| S/N | Type of Securities <sup>6</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---------------------------------|--|
| 4.  | Enter type of securities here   | Enter amount / value here  |
| 5.  | Enter type of securities here   | Enter amount / value here  |

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

### **BANK ACCOUNTS**

I own the following bank account(s):

| S/N | Type of Bank Account <sup>7</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 2.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 3.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 4.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |

<sup>7</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| S/N | Type of Bank Account <sup>7</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|-----------------------------------|--|
|     |                                   |  |

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

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

### **VEHICLE**

I own the following vehicle(s):

| S/N | Type of Vehicle <sup>8</sup>  | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here  |
| 2.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here  |

|  |                          |     |
|--|--------------------------|-----|
| <b>When the Court order was made, did you have any other vehicles?</b> | <input type="checkbox"/> | Yes |
|  | <input type="checkbox"/> | No  |

<sup>8</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  |  |
|--|--|
|  | Please state the changes: Enter the change since the order was made here |
|--|--|

**OTHER ASSETS**

I own the following asset(s):

| S/N | Type of Asset <sup>9</sup><br>(this includes any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs) | Amount / Value (S\$)<br>(if asset is foreign, please also state corresponding foreign currency value) |
|-----|--|---|
| 1.  | Enter type of asset here   | Enter amount / value here   |
| 2.  | Enter type of asset here   | Enter amount / value here   |
| 3.  | Enter type of asset here   | Enter amount / value here   |
| 4.  | Enter type of asset here   | Enter amount / value here   |
| 5.  | Enter type of asset here   | Enter amount / value here   |

|   |   |
|---|---|
| <b>When the Court order was made, was the total value of the other types of assets similar to what you have declared above?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Please state the changes: Enter the change since the order was made here |
|---|---|

| <b>Confirmation of submission of supporting documents</b>   |
|---|
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Applicant’s Section 5 Documents</i> ”. <ul style="list-style-type: none"> <li><input type="checkbox"/> Documents showing value of property(ies)</li> <li><input type="checkbox"/> Documents showing value of security(ies)</li> <li><input type="checkbox"/> Bank statement(s) for the past 6 months</li> <li><input type="checkbox"/> Documents showing value of vehicle(s)</li> <li><input type="checkbox"/> Documents showing value of other asset(s)</li> </ul> |

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

<sup>9</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 6: 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 purchases etc. and provide supporting documents.*

| <b>Liabilities / Debts<sup>10</sup></b> | <b>Amount</b>     | <b>Details (e.g. monthly repayment amount, when liability ends)</b><br><br><i>Please highlight any change(s) from the time the Court order was issued to present time.</i> | <b>Document(s) I am providing</b> |
|---|-------------------|--|-----------------------------------|
| Enter liability/debt here               | Enter amount here | Enter details here   | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here   | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here   | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here   | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here   | Enter document type here          |

### Confirmation of submission of supporting documents

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 6 Documents*”.

Documents and receipts to prove debt(s) and/or liability(ies)

<sup>10</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 7: My Financial Position – Expenses

### PERSONAL EXPENSES

| Type of Expense <sup>11</sup>                                  |         | <b><u>Present Amount</u></b><br><b>per month (S\$)</b><br><i>Please put a dash (“-“) for items which are not applicable</i> | <b><u>Previous Amount at the time the original Court order was made</u></b><br><b>per month (S\$)</b><br><i>Please put a dash (“-“) for items which are not applicable</i> |
|--|---------|---|--|
| <i>Housing Expenses</i>  |         |   |  |
| Mortgage Loan  | Cash    | Enter amount here   | Enter amount here  |
|  | CPF     | Enter amount here   | Enter amount here  |
| Rent (if applicable)   |         | Enter amount here   | Enter amount here  |
| Utilities (Electricity / Water / Gas)                          |         | Enter amount here   | Enter amount here  |
| Conservancy Charges/Town Council Service & Conservancy Charges |         | Enter amount here   | Enter amount here  |
| Cable TV / TV Streaming Services                               |         | Enter amount here   | Enter amount here  |
| Internet   |         | Enter amount here   | Enter amount here  |
| Home telephone line  |         | Enter amount here   | Enter amount here  |
| Domestic Helper  | Salary  | Enter amount here   | Enter amount here  |
|  | Levy    | Enter amount here   | Enter amount here  |
|  | Medical | Enter amount here   | Enter amount here  |
|  | Others  | Enter amount here   | Enter amount here  |

<sup>11</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>11</sup></b>                               |                    | <b><u>Present Amount</u></b><br><b>per month (S\$)</b><br><i>Please put a dash ("-")<br/>for items which are not<br/>applicable</i> | <b><u>Previous Amount at the</u></b><br><b><u>time the original Court</u></b><br><b><u>order was made</u></b><br><b>per month (S\$)</b><br><i>Please put a dash ("-")<br/>for items which are not<br/>applicable</i> |
|---|--------------------|---|--|
| <b>Others</b><br><i>Please specify.</i>                           | Enter details here | Enter amount here   | Enter amount here  |
|   | Enter details here | Enter amount here   | Enter amount here  |
|   | Enter details here | Enter amount here   | Enter amount here  |
|   | Enter details here | Enter amount here   | Enter amount here  |
|   | Enter details here | Enter amount here   | Enter amount here  |
| <i>Food / Groceries</i>   |                    |   |  |
| Food  | Enter amount here  | Enter amount here   |  |
| Groceries   | Enter amount here  | Enter amount here   |  |
| Dining Out  | Enter amount here  | Enter amount here   |  |
| <i>Public Transport</i>   |                    |   |  |
| Taxi / Private Hire   | Enter amount here  | Enter amount here   |  |
| Bus / MRT   | Enter amount here  | Enter amount here   |  |
| Concession Passes   | Enter amount here  | Enter amount here   |  |
| <i>Private Transport</i>  |                    |   |  |
| Vehicle Loan (or Hire Purchase)                                   | Enter amount here  | Enter amount here   |  |
| Rental (if you do not own a vehicle, but are renting one instead) | Enter amount here  | Enter amount here   |  |
| Fuel  | Enter amount here  | Enter amount here   |  |
| Road Tax  | Enter amount here  | Enter amount here   |  |
| Motor Insurance   | Enter amount here  | Enter amount here   |  |
| ERP   | Enter amount here  | Enter amount here   |  |
| Others  | Enter amount here  | Enter amount here   |  |
| <i>Medical / Dental / Insurance</i>                               |                    |   |  |

| <b>Type of Expense<sup>11</sup></b>   |                             | <b><u>Present Amount</u></b><br><b>per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> | <b><u>Previous Amount at the time the original Court order was made</u></b><br><b>per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> |
|---|-----------------------------|---|--|
| Medical   |                             | Enter amount here   | Enter amount here  |
| Dental  |                             | Enter amount here   | Enter amount here  |
| Personal Insurance(s)<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) |                             | Enter amount here   | Enter amount here  |
| <i>Personal Expenses</i>  |                             |   |  |
| Clothing  |                             | Enter amount here   | Enter amount here  |
| Shoes   |                             | Enter amount here   | Enter amount here  |
| Personal Grooming   |                             | Enter amount here   | Enter amount here  |
| Toiletries  |                             | Enter amount here   | Enter amount here  |
| Supplements   |                             | Enter amount here   | Enter amount here  |
| Mobile phone  | Post-paid                   | Enter amount here   | Enter amount here  |
|   | Pre-paid                    | Enter amount here   | Enter amount here  |
|   | Calling Cards               | Enter amount here   | Enter amount here  |
| Computer / IT Gadgets / Other Equipment   |                             | Enter amount here   | Enter amount here  |
| Allowance for parents   |                             | Enter amount here   | Enter amount here  |
| Recreation  | Entertainment (Movies, etc) | Enter amount here   | Enter amount here  |
|   | Hobbies                     | Enter amount here   | Enter amount here  |
|   | Sports                      | Enter amount here   | Enter amount here  |
|   | Outings                     | Enter amount here   | Enter amount here  |
|   | Travel                      | Enter amount here   | Enter amount here  |
| Cigarettes / Alcohol  |                             | Enter amount here   | Enter amount here  |
| <i>Others</i>   |                             |   |  |
| Enter type of expense here  |                             | Enter amount here   | Enter amount here  |
| Enter type of expense here  |                             | Enter amount here   | Enter amount here  |
| Enter type of expense here  |                             | Enter amount here   | Enter amount here  |



| <b>Type of Expense<sup>11</sup></b> | <b><u>Present Amount</u><br/>per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> | <b><u>Previous Amount at the time the original Court order was made</u><br/>per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> |
|-------------------------------------|---|--|
| <i>Total</i>                        |   |  |
| <b>Total</b>                        | Enter total amount here   | Enter total amount here  |

**CHILD(REN) EXPENSES (IF APPLICABLE)**

| <b>Type of Expense<sup>12</sup></b>                                      | <b><u>Amount per month (S\$)</u></b><br><i>Please put a dash (“-”) for items which are not applicable.</i> | <b><u>Previous Amount at the time the original Court order was made</u><br/>per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|--|--|---|
| <i>Food / Groceries</i>  |  |   |
| Food   | Enter amount here  | Enter amount here   |
| Groceries  | Enter amount here  | Enter amount here   |
| Dining Out   | Enter amount here  | Enter amount here   |
| <i>Transport</i>   |  |   |
| Taxi / Private Hire  | Enter amount here  | Enter amount here   |
| Bus / MRT  | Enter amount here  | Enter amount here   |
| Concession Passes  | Enter amount here  | Enter amount here   |
| <i>Medical / Dental / Insurance</i>                                      |  |   |
| Medical  | Enter amount here  | Enter amount here   |
| Dental   | Enter amount here  | Enter amount here   |
| Personal Insurance<br>(including but not limited to<br>Health, Accident, | Enter amount here  | Enter amount here   |

<sup>12</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>12</sup></b>                             |                             | <b>Amount per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable.</i> | <b>Previous Amount at the time the original Court order was made per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable.</i> |
|---|-----------------------------|---|--|
| Hospitalisation, Critical Illness, Income, Mortgage Insurance.) |                             |   |  |
| <i>School-related expenses</i>                                  |                             |   |  |
| School Fees   |                             | Enter amount here   | Enter amount here  |
| Pocket Money  |                             | Enter amount here   | Enter amount here  |
| School Bus  |                             | Enter amount here   | Enter amount here  |
| Enrichment / Tuition  |                             | Enter amount here   | Enter amount here  |
| Stationery  |                             | Enter amount here   | Enter amount here  |
| Assessment Books  |                             | Enter amount here   | Enter amount here  |
| School Books / Assessment Books                                 |                             | Enter amount here   | Enter amount here  |
| School Uniform  |                             | Enter amount here   | Enter amount here  |
| <i>Childcare expenses</i>                                       |                             |   |  |
| Childcare fees  |                             | Enter amount here   | Enter amount here  |
| Student Care fees   |                             | Enter amount here   | Enter amount here  |
| After School Care fees  |                             | Enter amount here   | Enter amount here  |
| <i>Personal Expenses</i>  |                             |   |  |
| Diapers   |                             | Enter amount here   | Enter amount here  |
| Clothing  |                             | Enter amount here   | Enter amount here  |
| Personal Grooming   |                             | Enter amount here   | Enter amount here  |
| Toiletries  |                             | Enter amount here   | Enter amount here  |
| Mobile phone  | Post-paid                   | Enter amount here   | Enter amount here  |
|   | Pre-paid                    | Enter amount here   | Enter amount here  |
|   | Calling Cards               | Enter amount here   | Enter amount here  |
| Computer / IT Gadgets / Other Equipment                         |                             | Enter amount here   | Enter amount here  |
| Recreation  | Entertainment (Movies, etc) | Enter amount here   | Enter amount here  |
|   | Hobbies                     | Enter amount here   | Enter amount here  |
|   | Sports                      | Enter amount here   | Enter amount here  |

| <b>Type of Expense</b> <sup>12</sup> |         | <b>Amount per month (S\$)</b><br><i>Please put a dash (“-“) for items which are not applicable.</i> | <b>Previous Amount at the time the original Court order was made per month (S\$)</b><br><i>Please put a dash (“-“) for items which are not applicable.</i> |
|--------------------------------------|---------|---|--|
|                                      | Outings | Enter amount here   | Enter amount here  |
|                                      | Travel  | Enter amount here   | Enter amount here  |
| <i>Others</i>                        |         |   |  |
| Enter type of expense here           |         | Enter amount here   | Enter amount here  |
| Enter type of expense here           |         | Enter amount here   | Enter amount here  |
| Enter type of expense here           |         | Enter amount here   | Enter amount here  |
| <i>Total</i>                         |         |   |  |
| <b>Total</b>                         |         | Enter total amount here   | Enter total amount here  |

**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 7 Documents*”.

- Documents and receipts showing proof of personal expenses

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

**Section 8: Other Further Information to Inform the Court**

**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.)**

*Please also include any supporting documents to such information.*

Enter any other relevant information to your application here

### Confirmation of submission of supporting documents

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Applicant’s Section 8 Documents*”.

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

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 9: Affirmation or Declaration

If the document is titled as an affidavit, the affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

The statement is to be declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

I understand that if I am requesting for disclosure of additional relevant documents that are not part of the applicable required documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>13</sup> together with this Statement.

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<sup>13</sup> The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024.

## Applicant's Affidavit Statement for Enforcement of Maintenance Order

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### APPLICANT'S AFFIDAVIT STATEMENT

#### Section 1: Introduction

I, [Enter name and NRIC] of [Enter address here] am the Applicant in this matter.

#### Details of application

*To note:*

- (h) *Each paragraph is to be numbered consecutively.*
- (i) *Dates, sums and other numbers must be expressed in figures and not in words.*
- (j) *Facts should be set out clearly and chronologically or in some other logical sequence.*

*Select the applicable option for paragraph 2 and enter the applicable details.*

2.  Under a Court Order [Enter Maintenance Order / Variation Order number] dated [Enter date here], the Respondent was ordered to pay [Enter maintenance amount here] towards maintenance for myself with effect from [Enter date here].

Under a Court Order [Enter Maintenance Order / Variation Order number] dated [Enter date here], the Respondent was ordered to pay [Enter maintenance amount here] towards maintenance for my  child  children with effect from [Enter date here]. The  child is  children are:

(i) [Enter name of child here], born on [Enter date of birth here]

(ii) [Enter name of child here], born on [Enter date of birth here].<sup>1</sup>

3. (If applicable) Other Orders: Enter details here.

A copy of the Order of Court is attached as Exhibit C1 to this statement.

4. The Respondent is in arrears of [Enter amount here] as at [Enter date here]. This is as set out in the attached Computation of Arrears.

## Section 2: Supporting Evidence of Non-Payment

5. The respondent was ordered to pay the maintenance into a designated account [Enter bank and account number here]. I attach documents to prove that payment has not been made.

## Section 3: Supporting Documents

6. I understand that I have to provide a standard list of required documents as follows:

- a) Computation of arrears of maintenance
- b) Documents to prove that maintenance has not been paid according to the maintenance order (e.g. updated bank passbooks and/ or bank statements and/or invoices/bills/receipts);

7. I attach to this Statement as Exhibit C2, the following documents<sup>2</sup>:

|    |  |
|----|--|
| a. | Please state the document that you have attached. <i>E.g. Computation of arrears of maintenance.</i>   |
| b. | Please state the document that you have attached. <i>E.g. Documents to prove that maintenance has not been paid according to the maintenance order e.g. updated passbooks and/or bank statements and/or invoices/bills/receipts.</i> |

8. I am unable to provide the following documents<sup>3</sup>:

|    |   |
|----|---|
| a. | Please state the document that you have been unable to provide. |
|----|---|

<sup>1</sup>Add additional rows, if necessary.

<sup>2</sup>Add rows if necessary / delete rows accordingly.

<sup>3</sup>Add rows if necessary / delete rows accordingly.

|    |   |
|----|---|
| b. | Please state the document that you have been unable to provide. |
|----|---|

9. I am unable to provide the documents because

[Please state reasons for being unable to provide the documents. If an alternative document is provided instead, please state the alternative document.]

10. I understand that if I do not have good reasons for the lack of documents, the Court may draw a negative conclusion (ie. adverse inference) from my failure to produce.

11. I also understand that if I am requesting for disclosure of additional relevant documents that are not part of the standard list of documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>4</sup> together with this Statement.

#### **Section 4: Conclusion**

12. I now seek enforcement of the above order.

#### **Section 5: Affirmation or Declaration**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) or signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024, whichever is applicable.

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<sup>4</sup> The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024.

**Respondent's  Affidavit  Statement  
in Response to an Application for Maintenance Order**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

**RESPONDENT'S  AFFIDAVIT  STATEMENT**

*In response to the Applicant's application. For further details of the Applicant's claim, please obtain a copy of the Applicant's Complaint Form at <https://ifams.gov.sg> using your Singpass.*

**Section 1: Personal Particulars**

|  |  |
|--|--|
| <b>Full name:</b>  | Enter name here  |
| <b>NRIC/ Passport No.:</b>   | Enter NRIC/Passport No. here   |
| <b>Relationship to the Applicant:</b>  | He/She is my: Enter relationship to the applicant here   |
| <b>Residential Address:</b><br><br><i>Please note that this is the residential address which will be used to: (i) receive subsequent court notifications, and (ii) as the address for the applicant to send relevant documents in these proceedings.</i> | Enter residential address here<br><br><input type="checkbox"/> Please tick this box if you wish to keep your residential address confidential. |



|   |   |
|---|---|
| <p><b>Email Address:</b></p> <p><i>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 applicant to send relevant documents in these proceedings.</i></p> | <p>Enter email address here</p>   |
| <p><b>Mobile No.:</b></p>   | <p>Enter mobile number here</p> <p><input type="checkbox"/> Please tick this box if you wish to keep your mobile number confidential.</p> |
| <p><b>Highest educational qualification(s):</b></p>   | <p>Enter highest educational qualification(s) here</p>  |
| <p><b>Are there other personal circumstances which you wish to highlight to the Court?</b></p> <p><i>For example, health issues, special needs etc.</i></p> <p><i>Please provide the relevant supporting documents where necessary.</i></p>         | <p>Enter details here</p>   |

|  |
|--|
| <p><b>Confirmation of submission of supporting documents</b></p>   |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 1 Documents”.</p> <p><input type="checkbox"/> Supporting documents on personal circumstances which I wish to highlight to the Court.</p> |

|   |
|---|
| <p>[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]</p> |
| <p>I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).</p>   |

## Section 2: Particulars of Marriage and/or Children

| <p><b>Are you married to the Applicant?</b></p>  | <input type="checkbox"/> Yes.<br><input type="checkbox"/> No.<br><input type="checkbox"/> Previously married, but now divorced.   |                   |     |                          |                         |
|--|---|-------------------|-----|--------------------------|-------------------------|
| <p><b>If yes, is the Marriage a Muslim Marriage?</b></p> <p><i>Please note that a Muslim marriage is where both parties were Muslim at the time of marriage, and the marriage as solemnised in accordance with Muslim Law.</i></p> | <input type="checkbox"/> Yes.<br><input type="checkbox"/> No.   |                   |     |                          |                         |
| <p><b>Are there currently any divorce proceedings in the Family Court or the Syariah Court?</b></p>  | <input type="checkbox"/> Yes.<br><p style="margin-left: 20px;">If Yes, please provide:</p> <p style="margin-left: 40px;">(i) Case No: Enter Case no. here</p> <p style="margin-left: 40px;">(ii) Court: Enter type of Court here</p> <p style="margin-left: 40px;">(iii) Date of application: Enter date of application here</p> <p style="margin-left: 40px;">(iv) Next Case Conference/Hearing Date (if any):<br/>Enter next Case Conference/hearing date here</p> <input type="checkbox"/> No.   |                   |     |                          |                         |
| <p><b>If previously married but now divorced, please give details of such an order dissolving the marriage.</b></p> <p><i>Please provide the relevant court order(s) where applicable.</i></p>                                     | <p>[Enter type of order] was granted on [Enter date of order].</p>  |                   |     |                          |                         |
| <p><b>Are there any children to the marriage?</b></p>  | <input type="checkbox"/> Yes.<br><p style="margin-left: 20px;">If Yes, please provide:</p> <p style="margin-left: 40px;">(i) No. of children: Enter no. of children here</p> <p style="margin-left: 40px;">(ii) Name / Age of children:</p> <table border="1" style="margin-left: 60px; border-collapse: collapse; width: 100%;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="padding: 5px;">Name<sup>1</sup></th> <th style="padding: 5px;">Age</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; text-align: center;">Enter name of child here</td> <td style="padding: 5px; text-align: center;">Enter age of child here</td> </tr> </tbody> </table> | Name <sup>1</sup> | Age | Enter name of child here | Enter age of child here |
| Name <sup>1</sup>  | Age   |                   |     |                          |                         |
| Enter name of child here   | Enter age of child here   |                   |     |                          |                         |

<sup>1</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  |  |                              |                         |
|--|--|------------------------------|-------------------------|
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | Enter name of child here     | Enter age of child here |
|  |  | <input type="checkbox"/> No. |                         |

|  |
|--|
| <b>Confirmation of submission of supporting documents</b>  |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 2 Documents”. |
| <input type="checkbox"/> Court Order(s) dissolving the Marriage  |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
| I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).   |

### **Section 3: Response to Maintenance Claim**

|  |  |
|--|--|
| <p><b>What is my response?</b></p> <p><i>Please tick the correct checkbox(es).</i></p> | <p><i>[If the maintenance claim is for the Applicant OR child(ren) only]</i></p> <p><input type="checkbox"/> I am consenting to the application in full.</p> <p><input type="checkbox"/> I am prepared to consent to the application on a different amount or terms.</p> <p><input type="checkbox"/> I disagree with the application, as I have already been providing reasonable maintenance.</p> <p><i>[If the maintenance claim is for the Applicant AND child(ren) only]</i></p> <p><input type="checkbox"/> I am consenting to the application in full.</p> <p><input type="checkbox"/> I am willing to consent to the maintenance claim in full for the Applicant, but not the child(ren).</p> |
|--|--|

|   | <input type="checkbox"/> I am willing to consent to the maintenance claim in full for the child(ren), but not the Applicant.<br><br><input type="checkbox"/> I am prepared to consent to the application on a different amount or terms.<br><br><input type="checkbox"/> I disagree with the application, as I have already been providing reasonable maintenance.   |  |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
|---|--|--|------------------------|----------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|----|------------------------------|-------------------|--------------|--|-------------------------|-----|------------------------------|--|----|----------------------------|--------------------|----|----------------------------|--------------------|----|----------------------------|--------------------|----|----------------------------|--------------------|----|----------------------------|--------------------|--------------|--|-------------------------|
| <p><b>Maintenance Proposal:</b></p> <p><i>Please fill in this section if you have ticked “I am prepared to consent to the application on a different amount or terms” and state your proposal here.</i></p> | <p><u>Fixed monthly payments</u></p> <table border="1" data-bbox="608 591 1366 949"> <thead> <tr> <th>S/N</th> <th>Recipient<sup>2</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter name of recipient here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter name of recipient here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter name of recipient here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter name of recipient here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter name of recipient here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> <p>Such payment is to be made on the [Enter date of payment here] of the month.</p> <p><u>Payment of specific expenses</u></p> <table border="1" data-bbox="608 1173 1386 1771"> <thead> <tr> <th>S/N</th> <th>Item of Expense<sup>3</sup></th> <th>Monthly Amount (S\$) / % Reimbursement</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter item of expense here</td> <td>Enter details here</td> </tr> <tr> <td>2.</td> <td>Enter item of expense here</td> <td>Enter details here</td> </tr> <tr> <td>3.</td> <td>Enter item of expense here</td> <td>Enter details here</td> </tr> <tr> <td>4.</td> <td>Enter item of expense here</td> <td>Enter details here</td> </tr> <tr> <td>5.</td> <td>Enter item of expense here</td> <td>Enter details here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> | S/N                                    | Recipient <sup>2</sup> | Monthly Amount (S\$) | 1. | Enter name of recipient here | Enter amount here | 2. | Enter name of recipient here | Enter amount here | 3. | Enter name of recipient here | Enter amount here | 4. | Enter name of recipient here | Enter amount here | 5. | Enter name of recipient here | Enter amount here | <b>Total</b> |  | Enter total amount here | S/N | Item of Expense <sup>3</sup> | Monthly Amount (S\$) / % Reimbursement | 1. | Enter item of expense here | Enter details here | 2. | Enter item of expense here | Enter details here | 3. | Enter item of expense here | Enter details here | 4. | Enter item of expense here | Enter details here | 5. | Enter item of expense here | Enter details here | <b>Total</b> |  | Enter total amount here |
| S/N   | Recipient <sup>2</sup>   | Monthly Amount (S\$)                   |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 1.  | Enter name of recipient here   | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 2.  | Enter name of recipient here   | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 3.  | Enter name of recipient here   | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 4.  | Enter name of recipient here   | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 5.  | Enter name of recipient here   | Enter amount here                      |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| <b>Total</b>  |  | Enter total amount here                |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| S/N   | Item of Expense <sup>3</sup>   | Monthly Amount (S\$) / % Reimbursement |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 1.  | Enter item of expense here   | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 2.  | Enter item of expense here   | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 3.  | Enter item of expense here   | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 4.  | Enter item of expense here   | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| 5.  | Enter item of expense here   | Enter details here                     |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |
| <b>Total</b>  |  | Enter total amount here                |                        |                      |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |    |                              |                   |              |  |                         |     |                              |  |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |    |                            |                    |              |  |                         |

<sup>2</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>3</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <p><b>Expenses paid by the Respondent:</b></p> <p><i>Please provide the relevant supporting documents of such payments where applicable.</i></p> | <p><i>Please state the expenses you have been making for the Applicant and/or the children (e.g. allowance, utilities, mortgage etc.)</i></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 10%;">S/N</th> <th style="width: 60%;">Type of Expenses<sup>4</sup></th> <th style="width: 30%;">Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter item of expense here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter item of expense here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter item of expense here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter item of expense here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter item of expense here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> |                         | S/N | Type of Expenses <sup>4</sup> | Monthly Amount (S\$) | 1. | Enter item of expense here | Enter amount here | 2. | Enter item of expense here | Enter amount here | 3. | Enter item of expense here | Enter amount here | 4. | Enter item of expense here | Enter amount here | 5. | Enter item of expense here | Enter amount here | <b>Total</b> |  | Enter total amount here |
|--|--|-------------------------|-----|-------------------------------|----------------------|----|----------------------------|-------------------|----|----------------------------|-------------------|----|----------------------------|-------------------|----|----------------------------|-------------------|----|----------------------------|-------------------|--------------|--|-------------------------|
| S/N  | Type of Expenses <sup>4</sup>  | Monthly Amount (S\$)    |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| 1.   | Enter item of expense here   | Enter amount here       |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| 2.   | Enter item of expense here   | Enter amount here       |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| 3.   | Enter item of expense here   | Enter amount here       |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| 4.   | Enter item of expense here   | Enter amount here       |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| 5.   | Enter item of expense here   | Enter amount here       |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |
| <b>Total</b>   |  | Enter total amount here |     |                               |                      |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |    |                            |                   |              |  |                         |

|  |
|--|
| <b>Confirmation of submission of supporting documents</b>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 3 Documents”.</p> <p><input type="checkbox"/> Evidence of the Respondent’s contribution to maintenance (i.e. transfer receipts, payment receipts etc.)</p> |

|   |
|---|
| <p>[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]</p> |
| <p>I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).</p>   |

**Section 4: My Financial Position – Income**

|                   |                       |
|-------------------|-----------------------|
| <b>Occupation</b> | Enter occupation here |
|-------------------|-----------------------|

<sup>4</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <p><i>If you are presently unemployed, please state (i) when you were last employed and (ii) the job that you were previously in.</i></p> <p><i>Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.)</i></p> |  |                      |  |     |                             |                      |    |                 |                   |
|---|--|----------------------|--|-----|-----------------------------|----------------------|----|-----------------|-------------------|
| <p><b>Working Full Time / Part Time</b></p>   | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time   |                      |  |     |                             |                      |    |                 |                   |
| <p><b>Monthly income</b></p> <p><i>If you are presently unemployed, please state last drawn salary.</i></p> <p><i>Please provide the following: (i) payslips for the last 6 months, and (ii) CPF statements for the past 6 months.</i></p>  | Enter monthly income here  |                      |  |     |                             |                      |    |                 |                   |
| <p><b>Annual income</b></p> <p><i>Please provide your IRAS Notice of Assessment for the past 3 years.</i></p>   | Enter annual income here   |                      |  |     |                             |                      |    |                 |                   |
| <p><b>Other sources of income<sup>5</sup></b></p> <p><i>Please provide all relevant supporting documents to show such other income.</i></p>   | <input type="checkbox"/> I do not have other sources of income.<br><input type="checkbox"/> I have other sources of income. These are: <table border="1" data-bbox="497 1783 1355 1930"> <thead> <tr> <th data-bbox="497 1783 592 1856">S/N</th> <th data-bbox="592 1783 1106 1856">Type of Income<sup>6</sup></th> <th data-bbox="1106 1783 1355 1856">Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="497 1856 592 1930">1.</td> <td data-bbox="592 1856 1106 1930">Enter type here</td> <td data-bbox="1106 1856 1355 1930">Enter amount here</td> </tr> </tbody> </table> |                      |  | S/N | Type of Income <sup>6</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here |
| S/N   | Type of Income <sup>6</sup>  | Monthly Amount (S\$) |  |     |                             |                      |    |                 |                   |
| 1.  | Enter type here  | Enter amount here    |  |     |                             |                      |    |                 |                   |

<sup>5</sup> E.g. investment, shares, bonds, rental, commissions, interest.

<sup>6</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|  | 2.   | Enter type here                                     | Enter amount here       |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|--|--|---|-------------------------|-----|---|----------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|--------------|--|-------------------------|
|  | 3.   | Enter type here                                     | Enter amount here       |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|  | 4.   | Enter type here                                     | Enter amount here       |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|  | 5.   | Enter type here                                     | Enter amount here       |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|  | <b>Total</b>   |   | Enter total amount here |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <p><b>Are you on any social welfare or financial assistance scheme?</b></p> <p><i>Please provide all relevant supporting documents to show proof of the above.</i></p> | <input type="checkbox"/> Yes. <p>If Yes, please provide details on:</p> <table border="1"> <thead> <tr> <th>S/N</th> <th>Type of Welfare / Financial Assistance<sup>7</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> |   |                         | S/N | Type of Welfare / Financial Assistance <sup>7</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
|  | S/N  | Type of Welfare / Financial Assistance <sup>7</sup> | Monthly Amount (S\$)    |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.   | Enter type here  | Enter amount here                                   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.   | Enter type here  | Enter amount here                                   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.   | Enter type here  | Enter amount here                                   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.   | Enter type here  | Enter amount here                                   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.   | Enter type here  | Enter amount here                                   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>   |  | Enter total amount here                             |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <input type="checkbox"/> No.   |  |   |                         |     |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |

|   |
|---|
| <p><b>Confirmation of submission of supporting documents</b></p>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 4 Documents”.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Employment (i.e. employment contract, and etc.)</li> <li><input type="checkbox"/> Payslips for the past 6 months</li> <li><input type="checkbox"/> CPF Statements for the past 6 months</li> <li><input type="checkbox"/> IRAS Notice of Assessment for the past 3 years</li> <li><input type="checkbox"/> Documents showing proof of other sources of income</li> </ul> |

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

<sup>7</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 5: My Financial Position – Assets

**I have the following assets:**

- (a) Please tick the appropriate checkboxes.
- (b) Please also indicate assets jointly owned with others.
- (c) Please also indicate assets located in Singapore and overseas.
- (d) Please state the value of the asset as at the date you submit this statement.

### **PROPERTY**

I own the following property(s):

| S/N | Type of Property <sup>8</sup>  | Amount / Value (S\$)<br>(if asset is foreign, please also state corresponding foreign currency value) |
|-----|--|---|
| 1.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><input type="checkbox"/> Executive Condominium<br><input type="checkbox"/> Private Apartment<br><input type="checkbox"/> Landed House<br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here   |
| 2.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><input type="checkbox"/> Executive Condominium<br><input type="checkbox"/> Private Apartment<br><input type="checkbox"/> Landed House<br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here   |

### **SECURITIES (e.g., shares, bonds)**

<sup>8</sup> If there is additional information which requires more rows, please include such additional information in Section 8.



I own the following securities:

| S/N | Type of Securities <sup>9</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---------------------------------|--|
| 1.  | Enter type of securities here   | Enter amount / value here  |
| 2.  | Enter type of securities here   | Enter amount / value here  |
| 3.  | Enter type of securities here   | Enter amount / value here  |

### **BANK ACCOUNTS**

I own the following bank account(s):

| S/N | Type of Bank Account <sup>10</sup>  | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 2.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 3.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 4.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |

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

<sup>9</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>10</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

## **VEHICLE**

I own the following vehicle(s):

| <b>S/N</b> | <b>Type of Vehicle<sup>11</sup></b>   | <b>Amount / Value (S\$)</b><br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|------------|---|---|
| 1.         | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here   |
| 2.         | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here   |

## **OTHER ASSETS**

I own the following asset(s):

| <b>S/N</b> | <b>Type of Asset<sup>12</sup></b><br><b>(this includes any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs))</b> | <b>Amount / Value (S\$)</b><br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|------------|---|---|
| 1.         | Enter type of asset here  | Enter amount / value here   |
| 2.         | Enter type of asset here  | Enter amount / value here   |
| 3.         | Enter type of asset here  | Enter amount / value here   |
| 4.         | Enter type of asset here  | Enter amount / value here   |
| 5.         | Enter type of asset here  | Enter amount / value here   |

<sup>11</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

<sup>12</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Respondent’s Section 5 Documents*”.

- Documents showing value of property(ies)
- Documents showing value of security(ies)
- Bank(s) statements for the past 6 months
- Document showing value of vehicle(s)
- Documents showing value of other asset(s)

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

**Section 6: 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 purchases etc. and provide supporting documents.*

| <b>Liabilities / Debts<sup>13</sup></b> | <b>Amount</b>     | <b>Details (e.g. monthly repayment amount, when liability ends)</b> | <b>Document(s) I am providing</b> |
|---|-------------------|---|-----------------------------------|
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |

<sup>13</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

|                           |                   |                    |                          |
|---------------------------|-------------------|--------------------|--------------------------|
| Enter liability/debt here | Enter amount here | Enter details here | Enter document type here |
|---------------------------|-------------------|--------------------|--------------------------|

|  |
|--|
| <b>Confirmation of submission of supporting documents</b>  |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 6 Documents”. |
| <input type="checkbox"/> Documents and receipts to prove debt(s) and/or liability(ies)   |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
| I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).   |

## Section 7: My Financial Position – Expenses

### PERSONAL EXPENSES

| Type of Expense <sup>14</sup>                                  |        | Amount per month (S\$)  |
|--|--------|---|
|  |        | <i>Please put a dash (“-“) for items which are not applicable</i> |
| <i>Housing Expenses</i>  |        |   |
| Mortgage Loan  | Cash   | Enter amount here   |
|  | CPF    | Enter amount here   |
| Rent (if applicable)   |        | Enter amount here   |
| Utilities (Electricity / Water / Gas)                          |        | Enter amount here   |
| Conservancy Charges/Town Council Service & Conservancy Charges |        | Enter amount here   |
| Cable TV / TV Streaming Services                               |        | Enter amount here   |
| Internet   |        | Enter amount here   |
| Home telephone line  |        | Enter amount here   |
|  | Salary | Enter amount here   |

<sup>14</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>14</sup></b>   |                    | <b>Amount per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable</i> |
|---|--------------------|--|
| Domestic Helper   | Levy               | Enter amount here  |
|   | Medical            | Enter amount here  |
|   | Others             | Enter amount here  |
| Others<br><i>Please specify.</i>  | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
| <i>Food / Groceries</i>   |                    |  |
| Food  |                    | Enter amount here  |
| Groceries   |                    | Enter amount here  |
| Dining Out  |                    | Enter amount here  |
| <i>Public Transport</i>   |                    |  |
| Taxi / Private Hire   |                    | Enter amount here  |
| Bus / MRT   |                    | Enter amount here  |
| Concession Passes   |                    | Enter amount here  |
| <i>Private Transport</i>  |                    |  |
| Vehicle Loan (or Hire Purchase)   |                    | Enter amount here  |
| Rental (if you do not own a vehicle, but are renting one instead)   |                    | Enter amount here  |
| Fuel  |                    | Enter amount here  |
| Road Tax  |                    | Enter amount here  |
| Motor Insurance   |                    | Enter amount here  |
| ERP   |                    | Enter amount here  |
| Others  |                    | Enter amount here  |
| <i>Medical / Dental / Insurance</i>   |                    |  |
| Medical   |                    | Enter amount here  |
| Dental  |                    | Enter amount here  |
| Personal Insurance(s)<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) |                    | Enter amount here  |

| <b>Type of Expense<sup>14</sup></b>     |                             | <b>Amount per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable</i> |
|---|-----------------------------|--|
| <i>Personal Expenses</i>                |                             |  |
| Clothing                                |                             | Enter amount here  |
| Shoes                                   |                             | Enter amount here  |
| Personal Grooming                       |                             | Enter amount here  |
| Toiletries                              |                             | Enter amount here  |
| Supplements                             |                             | Enter amount here  |
| Mobile phone                            | Post-paid                   | Enter amount here  |
|   | Pre-paid                    | Enter amount here  |
|   | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment |                             | Enter amount here  |
| Allowance for parents                   |                             | Enter amount here  |
| Recreation                              | Entertainment (Movies, etc) | Enter amount here  |
|   | Hobbies                     | Enter amount here  |
|   | Sports                      | Enter amount here  |
|   | Outings                     | Enter amount here  |
|   | Travel                      | Enter amount here  |
| Cigarettes / Alcohol                    |                             | Enter amount here  |
| <i>Others</i>                           |                             |  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| <i>Total</i>                            |                             |  |
| <b>Total</b>                            |                             | Enter total amount here  |

**CHILD(REN) EXPENSES (IF APPLICABLE)**

| <b>Type of Expense<sup>15</sup></b>   | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|---|--|
| <i>Food / Groceries</i>   |  |
| Food  | Enter amount here  |
| Groceries   | Enter amount here  |
| Dining Out  | Enter amount here  |
| <i>Transport</i>  |  |
| Taxi / Private Hire   | Enter amount here  |
| Bus / MRT   | Enter amount here  |
| Concession Passes   | Enter amount here  |
| <i>Medical / Dental / Insurance</i>   |  |
| Medical   | Enter amount here  |
| Dental  | Enter amount here  |
| Personal Insurance<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance.) | Enter amount here  |
| <i>School-related expenses</i>  |  |
| School Fees   | Enter amount here  |
| Pocket Money  | Enter amount here  |
| School Bus  | Enter amount here  |
| Enrichment / Tuition  | Enter amount here  |
| Stationery  | Enter amount here  |
| Assessment Books  | Enter amount here  |
| School Books / Assessment Books   | Enter amount here  |
| School Uniform  | Enter amount here  |
| <i>Childcare expenses</i>   |  |
| Childcare fees  | Enter amount here  |
| Student Care fees   | Enter amount here  |
| After School Care fees  | Enter amount here  |
| <i>Personal Expenses</i>  |  |
| Diapers   | Enter amount here  |

<sup>15</sup> If there is additional information which requires more rows, please include such additional information in Section 8.

| <b>Type of Expense<sup>15</sup></b>     |                             | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|---|-----------------------------|--|
| Clothing                                |                             | Enter amount here  |
| Personal Grooming                       |                             | Enter amount here  |
| Toiletries                              |                             | Enter amount here  |
| Mobile phone                            | Post-paid                   | Enter amount here  |
|   | Pre-paid                    | Enter amount here  |
|   | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment |                             | Enter amount here  |
| Recreation                              | Entertainment (Movies, etc) | Enter amount here  |
|   | Hobbies                     | Enter amount here  |
|   | Sports                      | Enter amount here  |
|   | Outings                     | Enter amount here  |
|   | Travel                      | Enter amount here  |
| <i>Others</i>                           |                             |  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| <i>Total</i>                            |                             |  |
| <b>Total</b>                            |                             | Enter total amount here  |

**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Respondent’s Section 7 Documents*”.

- Documents and receipts showing proof of personal expenses
- Documents and receipts showing proof of children’s expenses

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]



I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 8: Other Further Information to Inform the Court**

**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.)**

*Please also include any supporting documents to such information.*

Enter any other relevant information to your application here

### **Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Respondent’s Section 8 Documents*”.

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

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 9: Affirmation or Declaration**

If the document is titled as an affidavit, the affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

The statement is to be declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

I understand that if I am requesting for disclosure of additional relevant documents that are not

part of the applicable required documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>16</sup> together with this Statement.

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<sup>16</sup> The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024.

P.3, r.19 FJ(G)R 2024  
Para 35(1) PD 2024

**Respondent's  Affidavit  Statement in response to an  
application for  Variation/  Suspension/  Rescission of  
Maintenance Order**

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary. Please seek legal advice if necessary.

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.

\*\*Important statutory provision

**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.

# IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

## **RESPONDENT'S AFFIDAVIT STATEMENT**

*In response to the Applicant's application. For further details of the Applicant's claim, please obtain a copy of the Applicant's Compliant form at <https://ifams.gov.sg> using your own Singpass.*

### **Section 1: Personal Particulars**

|  |  |
|--|--|
| <b>Full name:</b>  | Enter name here  |
| <b>NRIC/ Passport No.:</b>   | Enter NRIC/Passport No. here   |
| <b>Relationship to the Applicant:</b>  | He/She is my: Enter relationship to the applicant here   |
| <b>Residential Address:</b><br><br><i>Please note that this is the residential address which will be used to: (i) receive subsequent court notifications, and (ii) as the address for the applicant to send relevant documents in these proceedings.</i> | Enter residential address here<br><br><input type="checkbox"/> Please tick this box if you wish to keep your residential address confidential. |
| <b>Email Address:</b><br><br><i>Please note that this is the email address which will be used to: (i) receive subsequent court notifications, and (ii) as</i>  | Enter email address here   |

|   |   |
|---|---|
| <p><i>the address for the applicant to send relevant documents in these proceedings.</i></p>  |   |
| <p><b>Mobile No.:</b></p>   | <p>Enter mobile number here</p> <p><input type="checkbox"/> Please tick this box if you wish to keep your mobile number confidential.</p>                               |
| <p><b>Highest educational qualification(s):</b></p>   | <p>Enter highest educational qualification(s) here</p>  |
| <p><b>Physical/mental disability or illness?</b></p>  | <p><input type="checkbox"/> No</p> <p>If no, please skip the row below.</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please proceed to fill in the row below.</p> |
| <p><b>Details of physical/mental disability or illness:</b></p> <p><i>If applicable, please state the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</i></p> <p><i>Please also provide a report prepared by a registered medical practitioner stating the following: (a) the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood, (b) the date you began to suffer such physical or mental disability or illness, (c) the extent to which you are incapacitated, by that physical or mental disability or illness, from earning a livelihood, and (d) the period of time during which you are incapacitated, by that physical or mental</i></p> | <p>Enter the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.</p>                                      |

|   |                    |
|---|--------------------|
| <i>disability or illness, from earning a livelihood.</i>  |                    |
| <p><b>Are there other personal circumstances which you wish to highlight to the Court?</b></p> <p><i>For example, health issues, special needs etc.</i></p> <p><i>Please provide the relevant supporting documents where necessary.</i></p> | Enter details here |

|   |  |
|---|--|
| <b>Confirmation of submission of supporting documents</b>   |  |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Respondent’s Section 1 Documents</i> ”. |  |
| <input type="checkbox"/> Report relating to my physical or mental disability or illness causing me to be incapacitated from earning a livelihood (where applicable)   |  |
| <input type="checkbox"/> Supporting documents on personal circumstances which I wish to highlight to the Court  |  |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
| I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).   |

**Section 2: Particulars of Marriage and/or Children**

|  |   |
|--|---|
| <p><b>Are you married to the Applicant?</b></p>  | <input type="checkbox"/> Yes.<br><input type="checkbox"/> No.<br><input type="checkbox"/> Previously married, but now divorced. |
| <p><b>If yes, is the Marriage a Muslim Marriage?</b></p> <p><i>Please note that a Muslim marriage is where both parties were Muslim at the time or</i></p> | <input type="checkbox"/> Yes.<br><input type="checkbox"/> No.   |

| <i>marriage, and the marriage as solemnised in accordance with Muslim Law.</i>  |   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
|---|---|-------------------|-----|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| <b>Are there currently any divorce proceedings in the Family Court or the Syariah Court?</b>  | <input type="checkbox"/> Yes.<br><br>If Yes, please provide:<br>(i) Case No: Enter Case no. here<br>(ii) Court: Enter type of Court here<br>(iii) Date of application: Enter date of application here<br>(iv) Next Case Conference/Hearing Date (if any):<br>Enter next Case Conference/hearing date here<br><br><input type="checkbox"/> No.   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| <b>If previously married but now divorced, please give details of such an order dissolving the marriage.</b><br><br><i>Please provide the relevant court order(s) where applicable.</i> | [Enter type of order] was granted on [Enter date of order].   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| <b>Are there any children to the marriage?</b>  | <input type="checkbox"/> Yes.<br><br>If Yes, please provide:<br>(i) No. of children: Enter no. of children here<br>(ii) Name / Age of children:<br><table border="1" data-bbox="820 1319 1386 1733"> <thead> <tr> <th data-bbox="820 1319 1145 1359">Name<sup>1</sup></th> <th data-bbox="1145 1319 1386 1359">Age</th> </tr> </thead> <tbody> <tr> <td data-bbox="820 1359 1145 1435">Enter name of child here</td> <td data-bbox="1145 1359 1386 1435">Enter age of child here</td> </tr> <tr> <td data-bbox="820 1435 1145 1512">Enter name of child here</td> <td data-bbox="1145 1435 1386 1512">Enter age of child here</td> </tr> <tr> <td data-bbox="820 1512 1145 1588">Enter name of child here</td> <td data-bbox="1145 1512 1386 1588">Enter age of child here</td> </tr> <tr> <td data-bbox="820 1588 1145 1664">Enter name of child here</td> <td data-bbox="1145 1588 1386 1664">Enter age of child here</td> </tr> <tr> <td data-bbox="820 1664 1145 1740">Enter name of child here</td> <td data-bbox="1145 1664 1386 1740">Enter age of child here</td> </tr> </tbody> </table><br><input type="checkbox"/> No. | Name <sup>1</sup> | Age | Enter name of child here | Enter age of child here | Enter name of child here | Enter age of child here | Enter name of child here | Enter age of child here | Enter name of child here | Enter age of child here | Enter name of child here | Enter age of child here |
| Name <sup>1</sup>   | Age   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| Enter name of child here  | Enter age of child here   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| Enter name of child here  | Enter age of child here   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| Enter name of child here  | Enter age of child here   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| Enter name of child here  | Enter age of child here   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |
| Enter name of child here  | Enter age of child here   |                   |     |                          |                         |                          |                         |                          |                         |                          |                         |                          |                         |

<sup>1</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

### Confirmation of submission of supporting documents

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 2 Documents”.

- Court Order(s) dissolving the Marriage

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

### Section 3: Response to Maintenance Claim

**What is your general response to the Applicant’s application?**

*Please tick the correct checkbox(es).*

- I am consenting to the application in full.
- I am prepared to consent to the application on a different amount or terms as proposed by the Applicant.
- I disagree with the application.

**My counter proposals:**

*Please fill in the appropriate box(es) only if they apply to your case.*

- [Change in amount of maintenance]*  
I propose paying: Enter details of counter proposal here.
- [Change in mode of payment]*  
I propose the mode of payment to be: Enter details of counter proposal here.
- [Other changes proposed by the Applicant]*  
I propose: Enter details of counter proposal here.

### Section 4: Detailed Response to Maintenance Claim

*[To insert if you disagree to the application]*

**If you do not agree with the application, please state your reason(s).**

Enter reason(s) here.



**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 4 Documents”.

- Evidence of the Respondent’s contribution to maintenance (i.e. transfer receipts, payment receipts etc.)

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

**Section 5: My Financial Position – Income**

| <b>Occupation</b>  | <u>When the Court order was made</u>        | <u>Now</u>                                  |
|--|---|---|
| <p><i>*If there has been a change in employment or employment status since the time of the relevant Court Order, please state:</i></p> <p><i>(4) Your employment at the time of the Court order;</i></p> <p><i>(5) Your current employment; and</i></p> <p><i>(6) If you are currently unemployed, the length of time you have been unemployed.</i></p> <p><i>Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.</i></p> | <p align="center">Enter occupation here</p> | <p align="center">Enter occupation here</p> |

| <b>Working Full Time/<br/>Part Time</b>  | <u>When the Court order was made</u><br><br><input type="checkbox"/> Full Time<br><br><input type="checkbox"/> Part Time  | <u>Now</u><br><br><input type="checkbox"/> Full Time<br><br><input type="checkbox"/> Part Time |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|--|---|--|-----|-----------------------------|----------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|--------------|--|-------------------------|
| <b>Monthly Income</b><br><br><i>Please provide the following: (i) payslips for the latest 3-6 months, (ii) CPF statements for the past 6 months.</i> | <u>When the Court order was made</u><br><br>Enter monthly income here   | <u>Now</u><br><br>Enter monthly income here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Annual Income</b><br><br><i>Please provide your IRAS Notice of Assessment for the past 3 years.</i>   | <u>When the Court order was made</u><br><br>Enter annual income here  | <u>Now</u><br><br>Enter annual income here   |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Other sources of income<sup>2</sup></b><br><br><i>Please provide all relevant supporting documents to show such other income.</i>                 | <input type="checkbox"/> I do not have other sources of income.<br><input type="checkbox"/> I have other sources of income. These are:  |  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
|  | <table border="1"> <thead> <tr> <th data-bbox="531 1279 624 1357">S/N</th> <th data-bbox="624 1279 1139 1357">Type of Income<sup>3</sup></th> <th data-bbox="1139 1279 1385 1357">Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="531 1357 624 1429">1.</td> <td data-bbox="624 1357 1139 1429">Enter type here</td> <td data-bbox="1139 1357 1385 1429">Enter amount here</td> </tr> <tr> <td data-bbox="531 1429 624 1503">2.</td> <td data-bbox="624 1429 1139 1503">Enter type here</td> <td data-bbox="1139 1429 1385 1503">Enter amount here</td> </tr> <tr> <td data-bbox="531 1503 624 1576">3.</td> <td data-bbox="624 1503 1139 1576">Enter type here</td> <td data-bbox="1139 1503 1385 1576">Enter amount here</td> </tr> <tr> <td data-bbox="531 1576 624 1650">4.</td> <td data-bbox="624 1576 1139 1650">Enter type here</td> <td data-bbox="1139 1576 1385 1650">Enter amount here</td> </tr> <tr> <td data-bbox="531 1650 624 1724">5.</td> <td data-bbox="624 1650 1139 1724">Enter type here</td> <td data-bbox="1139 1650 1385 1724">Enter amount here</td> </tr> <tr> <td colspan="2" data-bbox="531 1724 1139 1798"><b>Total</b></td> <td data-bbox="1139 1724 1385 1798">Enter total amount here</td> </tr> </tbody> </table> |  | S/N | Type of Income <sup>3</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  | Enter total amount here |
| S/N  | Type of Income <sup>3</sup>   | Monthly Amount (S\$)   |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 1.   | Enter type here   | Enter amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 2.   | Enter type here   | Enter amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 3.   | Enter type here   | Enter amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 4.   | Enter type here   | Enter amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| 5.   | Enter type here   | Enter amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |
| <b>Total</b>   |   | Enter total amount here  |     |                             |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |                         |

<sup>2</sup> E.g. investment, shares, bonds, rental, commissions, interest.

<sup>3</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

| <p><b>Are you on any social welfare or financial assistance scheme?</b></p> <p><i>Please provide all relevant supporting documents to show proof.</i></p> | <input type="checkbox"/> Yes.  |                         |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
|---|--|-------------------------|---|----------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|----|-----------------|-------------------|--------------|--|
|   | <p>If Yes, please provide details on:</p> <table border="1"> <thead> <tr> <th>S/N</th> <th>Type of Welfare / Financial Assistance<sup>4</sup></th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>2.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>3.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>4.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td>5.</td> <td>Enter type here</td> <td>Enter amount here</td> </tr> <tr> <td colspan="2"><b>Total</b></td> <td>Enter total amount here</td> </tr> </tbody> </table> | S/N                     | Type of Welfare / Financial Assistance <sup>4</sup> | Monthly Amount (S\$) | 1. | Enter type here | Enter amount here | 2. | Enter type here | Enter amount here | 3. | Enter type here | Enter amount here | 4. | Enter type here | Enter amount here | 5. | Enter type here | Enter amount here | <b>Total</b> |  |
| S/N   | Type of Welfare / Financial Assistance <sup>4</sup>  | Monthly Amount (S\$)    |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| 1.  | Enter type here  | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| 2.  | Enter type here  | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| 3.  | Enter type here  | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| 4.  | Enter type here  | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| 5.  | Enter type here  | Enter amount here       |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
| <b>Total</b>  |  | Enter total amount here |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |
|   | <input type="checkbox"/> No.   |                         |   |                      |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |    |                 |                   |              |  |

|   |
|---|
| <p><b>Confirmation of submission of supporting documents</b></p>  |
| <p>I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 5 Documents”.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Employment (i.e. employment contract, and etc.)</li> <li><input type="checkbox"/> Proof of termination/ retrenchment/ cessation from employment (if applicable)</li> <li><input type="checkbox"/> Payslips for the past 6 months</li> <li><input type="checkbox"/> CPF Statements for the past 6 months</li> <li><input type="checkbox"/> IRAS Notice of Assessment for the past 3 years</li> <li><input type="checkbox"/> Documents showing proof of other sources of income</li> </ul> |

|   |
|---|
| <p>[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]</p> |
| <p>I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).</p>   |

**Section 6: My Financial Position – Assets**

**I have the following assets:**

(k) Please tick the appropriate checkboxes.

<sup>4</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

- (l) Please also indicate assets jointly owned with others.  
 (m) Please also indicate assets located in Singapore and overseas.  
 (n) Please state the value of the asset as at the date you submit this statement.

**PROPERTY**

I own the following property(ies):

| S/N | Type of Property <sup>5</sup>  | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|--|--|
| 5.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><br><input type="checkbox"/> Executive Condominium<br><br><input type="checkbox"/> Private Apartment<br><br><input type="checkbox"/> Landed House<br><br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here  |
| 6.  | <input type="checkbox"/> HDB Flat. No. of rooms: Enter details here<br><br><input type="checkbox"/> Executive Condominium<br><br><input type="checkbox"/> Private Apartment<br><br><input type="checkbox"/> Landed House<br><br><input type="checkbox"/> Others: Enter type of property here | Enter amount / value here  |

|  |   |
|--|---|
| <b>When the Court order was made, did you have the same property(ies) as declared above?</b> | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No<br><br>Please state the changes: Enter the change since the order was made here |
|--|---|

**SECURITIES (e.g., shares, bonds)**

I own the following securities:

<sup>5</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

| S/N | Type of Securities <sup>6</sup> | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---------------------------------|--|
| 1.  | Enter type of securities here   | Enter amount / value here  |
| 2.  | Enter type of securities here   | Enter amount / value here  |
| 3.  | Enter type of securities here   | Enter amount / value here  |
| 4.  | Enter type of securities here   | Enter amount / value here  |
| 5.  | Enter type of securities here   | Enter amount / value here  |

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

### **BANK ACCOUNTS**

I own the following bank account(s):

| S/N | Type of Bank Account <sup>7</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 2.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |
| 3.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |

<sup>6</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

<sup>7</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

| S/N | Type of Bank Account <sup>7</sup>   | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 4.  | Bank: Enter name of bank here<br><br>Type: Enter type of bank account here<br><br>Account No: Enter bank account no. here | Enter amount / value here  |

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: Enter the change since the order was made here  |                          |     |

### **VEHICLE**

I own the following vehicle(s):

| S/N | Type of Vehicle <sup>8</sup>  | Amount / Value (S\$)<br><i>(if asset is foreign, please also state corresponding foreign currency value)</i> |
|-----|---|--|
| 1.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here  |
| 2.  | Type: Enter type of vehicle here<br><br>Year of purchase: Enter year of purchase here<br><br>Brand/Model: Enter brand/model here<br><br>Registration Number: Enter registration number here | Enter amount / value here  |

<sup>8</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

|  |                          |     |
|--|--------------------------|-----|
| <b>When the Court order was made, did you have any other vehicles?</b>   | <input type="checkbox"/> | Yes |
|  | <input type="checkbox"/> | No  |
| Please state the changes: Enter the change since the order was made here |                          |     |

**OTHER ASSETS**

I own the following asset(s):

| <b>S/N</b> | <b>Type of Asset<sup>9</sup><br/>(this includes any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs)</b> | <b>Amount / Value (S\$)<br/>(if asset is foreign, please also state corresponding foreign currency value)</b> |
|------------|---|---|
| 1.         | Enter type of asset here  | Enter amount / value here   |
| 2.         | Enter type of asset here  | Enter amount / value here   |
| 3.         | Enter type of asset here  | Enter amount / value here   |
| 4.         | Enter type of asset here  | Enter amount / value here   |
| 5.         | Enter type of asset here  | Enter amount / value here   |

|   |                          |     |
|---|--------------------------|-----|
| <b>When the Court order was made, was the total value of the other types of assets similar to what you have declared above?</b> | <input type="checkbox"/> | Yes |
|   | <input type="checkbox"/> | No  |
| Please state the changes: Enter the change since the order was made here  |                          |     |

|   |
|---|
| <b>Confirmation of submission of supporting documents</b> |
|---|

<sup>9</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “Respondent’s Section 6 Documents”.

- Documents showing value of property(ies)
- Documents showing value of security(ies)
- Bank statement(s) for the past 6 months
- Documents showing value of vehicle(s)
- Documents showing value of other asset(s)

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## Section 7: 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 purchases etc. and provide supporting documents.*

| <b>Liabilities / Debts<sup>10</sup></b> | <b>Amount</b>     | <b>Details (e.g. monthly repayment amount, when liability ends)</b>                             | <b>Document(s) I am providing</b> |
|---|-------------------|---|-----------------------------------|
| Enter liability/debt here               | Enter amount here | <i>Please highlight any change(s) from the time the Court order was issued to present time.</i> | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |
| Enter liability/debt here               | Enter amount here | Enter details here  | Enter document type here          |

<sup>10</sup> If there is additional information which requires more rows, please include such additional information in Section 9.



|                           |                   |                    |                          |
|---------------------------|-------------------|--------------------|--------------------------|
| Enter liability/debt here | Enter amount here | Enter details here | Enter document type here |
| Enter liability/debt here | Enter amount here | Enter details here | Enter document type here |

|   |
|---|
| <b>Confirmation of submission of supporting documents</b>   |
| I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “ <i>Respondent’s Section 7 Documents</i> ”. |
| <input type="checkbox"/> Documents and receipts to prove debt(s) and/or liability(ies)  |

|  |
|--|
| [In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ] |
| I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).   |

## Section 8: My Financial Position – Expenses

### PERSONAL EXPENSES

| Type of Expense <sup>11</sup>                                     | Amount per month (S\$) |                   |
|---|------------------------|-------------------|
| <i>Please put a dash (“-”) for items which are not applicable</i> |                        |                   |
| <i>Housing Expenses</i>   |                        |                   |
| Mortgage Loan   | Cash                   | Enter amount here |
|   | CPF                    | Enter amount here |
| Rent (if applicable)  | Enter amount here      |                   |
| Utilities (Electricity / Water / Gas)                             | Enter amount here      |                   |
| Conservancy Charges/Town Council Service & Conservancy Charges    | Enter amount here      |                   |
| Cable TV / TV Streaming Services                                  | Enter amount here      |                   |
| Internet  | Enter amount here      |                   |
| Home telephone line   | Enter amount here      |                   |

<sup>11</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

| <b>Type of Expense<sup>11</sup></b>                               |                    | <b>Amount per month (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable</i> |
|---|--------------------|--|
| Domestic Helper   | Salary             | Enter amount here  |
|   | Levy               | Enter amount here  |
|   | Medical            | Enter amount here  |
|   | Others             | Enter amount here  |
| Others<br><i>Please specify.</i>                                  | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
|   | Enter details here | Enter amount here  |
| <i>Food / Groceries</i>   |                    |  |
| Food  |                    | Enter amount here  |
| Groceries   |                    | Enter amount here  |
| Dining Out  |                    | Enter amount here  |
| <i>Public Transport</i>   |                    |  |
| Taxi / Private Hire   |                    | Enter amount here  |
| Bus / MRT   |                    | Enter amount here  |
| Concession Passes   |                    | Enter amount here  |
| <i>Private Transport</i>  |                    |  |
| Vehicle Loan (or Hire Purchase)                                   |                    | Enter amount here  |
| Rental (if you do not own a vehicle, but are renting one instead) |                    | Enter amount here  |
| Fuel  |                    | Enter amount here  |
| Road Tax  |                    | Enter amount here  |
| Motor Insurance   |                    | Enter amount here  |
| ERP   |                    | Enter amount here  |
| Others  |                    | Enter amount here  |
| <i>Medical / Dental / Insurance</i>                               |                    |  |
| Medical   |                    | Enter amount here  |
| Dental  |                    | Enter amount here  |
| Personal Insurance(s)   |                    | Enter amount here  |

| <b>Type of Expense<sup>11</sup></b>  |                             | <b>Amount per month (S\$)</b><br><i>Please put a dash ("-") for items which are not applicable</i> |
|--|-----------------------------|--|
| (including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) |                             |  |
| <i>Personal Expenses</i>   |                             |  |
| Clothing   |                             | Enter amount here  |
| Shoes  |                             | Enter amount here  |
| Personal Grooming  |                             | Enter amount here  |
| Toiletries   |                             | Enter amount here  |
| Supplements  |                             | Enter amount here  |
| Mobile phone   | Post-paid                   | Enter amount here  |
|  | Pre-paid                    | Enter amount here  |
|  | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment  |                             | Enter amount here  |
| Allowance for parents  |                             | Enter amount here  |
| Recreation   | Entertainment (Movies, etc) | Enter amount here  |
|  | Hobbies                     | Enter amount here  |
|  | Sports                      | Enter amount here  |
|  | Outings                     | Enter amount here  |
|  | Travel                      | Enter amount here  |
| Cigarettes / Alcohol   |                             | Enter amount here  |
| <i>Others</i>  |                             |  |
| Enter type of expense here   |                             | Enter amount here  |
| Enter type of expense here   |                             | Enter amount here  |
| Enter type of expense here   |                             | Enter amount here  |
| Enter type of expense here   |                             | Enter amount here  |
| Enter type of expense here   |                             | Enter amount here  |
| <i>Total</i>   |                             |  |
| <b>Total</b>   |                             | Enter total amount here  |

**CHILD(REN) EXPENSES (IF APPLICABLE)**

| <b>Type of Expense<sup>12</sup></b>   | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|---|--|
| <i>Food / Groceries</i>   |  |
| Food  | Enter amount here  |
| Groceries   | Enter amount here  |
| Dining Out  | Enter amount here  |
| <i>Transport</i>  |  |
| Taxi / Private Hire   | Enter amount here  |
| Bus / MRT   | Enter amount here  |
| Concession Passes   | Enter amount here  |
| <i>Medical / Dental / Insurance</i>   |  |
| Medical   | Enter amount here  |
| Dental  | Enter amount here  |
| Personal Insurance<br>(including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance.) | Enter amount here  |
| <i>School-related expenses</i>  |  |
| School Fees   | Enter amount here  |
| Pocket Money  | Enter amount here  |
| School Bus  | Enter amount here  |
| Enrichment / Tuition  | Enter amount here  |
| Stationery  | Enter amount here  |
| Assessment Books  | Enter amount here  |
| School Books / Assessment Books   | Enter amount here  |
| School Uniform  | Enter amount here  |
| <i>Childcare expenses</i>   |  |
| Childcare fees  | Enter amount here  |
| Student Care fees   | Enter amount here  |
| After School Care fees  | Enter amount here  |
| <i>Personal Expenses</i>  |  |
| Diapers   | Enter amount here  |

<sup>12</sup> If there is additional information which requires more rows, please include such additional information in Section 9.

| <b>Type of Expense<sup>12</sup></b>     |                             | <b>Amount <u>per month</u> (S\$)</b><br><i>Please put a dash (“-”) for items which are not applicable.</i> |
|---|-----------------------------|--|
| Clothing                                |                             | Enter amount here  |
| Personal Grooming                       |                             | Enter amount here  |
| Toiletries                              |                             | Enter amount here  |
| Mobile phone                            | Post-paid                   | Enter amount here  |
|   | Pre-paid                    | Enter amount here  |
|   | Calling Cards               | Enter amount here  |
| Computer / IT Gadgets / Other Equipment |                             | Enter amount here  |
| Recreation                              | Entertainment (Movies, etc) | Enter amount here  |
|   | Hobbies                     | Enter amount here  |
|   | Sports                      | Enter amount here  |
|   | Outings                     | Enter amount here  |
|   | Travel                      | Enter amount here  |
| <i>Others</i>                           |                             |  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| Enter type of expense here              |                             | Enter amount here  |
| <i>Total</i>                            |                             |  |
| <b>Total</b>                            |                             | Enter total amount here  |

**Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Respondent’s Section 8 Documents*”.

- Documents and receipts showing proof of personal expenses
- Documents and receipts showing proof of children’s expenses

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 9: Other Further Information to Inform the Court**

**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.)**

*Please also include any supporting documents to such information.*

Enter any other relevant information to your application here

### **Confirmation of submission of supporting documents**

I understand that I have to provide the following required documents where applicable and have uploaded them on iFAMS as “*Respondent’s Section 9 Documents*”.

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

[In the event you are unable to provide the applicable required documents, please state the following: Which document(s) you are unable to provide, your reason(s) for not providing the document(s) and whether you are submitting any alternative document(s). ]

I understand that if I do not have good reasons for not providing the applicable required documents, the Court may draw a negative conclusion (or adverse inference) from my failure to produce such relevant document(s).

## **Section 10: Affirmation or Declaration**

If the document is titled as an affidavit, the affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) of the Family Justice (General) Rules 2024.

The statement is to be declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

I understand that if I am requesting for disclosure of additional relevant documents that are not part of the applicable required documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>13</sup> together with this Statement.

---

<sup>13</sup> The disclosure table is set out in Form 31 of the Family Justice Courts Practice Directions 2024.

P.3, r.19 FJ(G)R 2024  
 Para 35(1) PD 2024

## Respondent's Affidavit Statement in Response to an Application for Enforcement of Maintenance Order

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
 MSS [number]/[year]

Between

[Applicant's name]  
 [ID No.]

... Applicant(s)

And

[Respondent's name]  
 [ID No.]

... Respondent(s)

### RESPONDENT'S AFFIDAVIT STATEMENT

## Section 1: Introduction

I, [Enter name and NRIC] of [Enter address here] am the Respondent in this matter.

### Details of application

*To note:*

- (a) *Each paragraph is to be numbered consecutively.*
- (b) *Dates, sums and other numbers must be expressed in figures and not in words.*
- (c) *Facts should be set out clearly and chronologically or in some other logical sequence.*

2. Under a Court Order [Enter Maintenance Order / Variation Order number] dated [Enter date here], I was ordered to pay [Enter terms of Maintenance Order here].

A copy of the Order of Court is attached as R1 to this statement.

*Select the applicable option for paragraph 3 and enter the applicable details.*

3. My position on the enforcement application is as follows:

I do not owe any arrears under the Court order.

I agree that I am in arrears as calculated by the applicant.

- I agree that I am in arrears but disagree with the applicant's calculation. The arrears should be \$[Enter amount here] as set out in my Computation of Arrears.

## Section 2: Respondent's Background

4. I am currently working as a [Enter occupation here] at [Employer's name and address]. My Gross Income is \$[Enter amount here] whilst my net income or take-home pay is \$[Enter amount here].
5. I  do  do not have other sources of income.

[Where you have other sources of income, state these sources of income and the amount here]

Select the applicable option for paragraph 6 and enter the applicable details.

6.  (If you are not attaching the List of Expenses together with supporting receipts) My monthly expenses are as follows:

| Description of my monthly Expenses <sup>1</sup> | Amount (\$)         |
|---|---------------------|
| [Enter description of monthly expenses]         | [Enter amount here] |

- (If you are attaching the List of Expenses together with supporting receipts) My monthly expenses are as shown in the List of Expenses Form at Exhibit R2, together with supporting receipts<sup>2</sup>.

Select the applicable option for paragraph 7 and enter the applicable details. Please note that paragraph 7 only applies where the application is for/includes enforcement of maintenance of a child or children.

7.  (If you are not attaching the List of Expenses together with supporting receipts) The child/ children's monthly expenses are as follows:

| Description of child/ children's monthly Expenses <sup>3</sup> | Amount (\$) |
|--|-------------|
|--|-------------|

<sup>1</sup> Itemise the monthly expenses and state each type of monthly expenses in a different row. Add more rows if necessary.

<sup>2</sup> Examples include: bills/receipts for utilities, town council, credit cards etc. / tenancy agreement.

<sup>3</sup> Itemise the monthly expenses and state each type of monthly expenses in a different row. Add more rows if necessary.



|   |                     |
|---|---------------------|
| [Enter description of monthly expenses] | [Enter amount here] |
|---|---------------------|

(If you are attaching the List of Expenses together with supporting receipts) The child/ children’s monthly expenses are as shown in the List of Expenses Form at Exhibit R3, together with supporting receipts.

8. (If applicable) I would like the Court to take into account the following:

|  |
|--|
| [Enter details of any special needs or circumstances such as health, disability etc., if applicable] |
|--|

The documentary evidence is at Exhibit R4.

### **Section 3: Supporting Documents**

9. I understand that I have to provide a standard list of required documents as follows:

- a) Computation of arrears of maintenance (*only if disputing the arrears*);
- b) Documents to prove that maintenance has been paid according to the maintenance order. (e.g updated bank passbooks and/ or bank statements and/or deposit slips);
- c) Documents and receipts to prove the monthly expenses;
- d) Documents to prove debts;
- e) Payslips and CPF statements for the last 6 months;
- f) Evidence of employment (eg. Employer’s letter or employment contract);
- g) Notice of Assessment of Income for the past 3 years; and
- h) Updated bank passbooks and/or updated bank statements (including sole and joint accounts).

10. I have attached to this Statement as Exhibit R5, the following documents<sup>4</sup>:

|    |   |
|----|---|
| a. | Please state the document that you have attached <i>E.g. Computation of arrears of maintenance (only if disputing the arrears).</i> |
|----|---|

<sup>4</sup> Add rows if necessary / delete rows accordingly.

|    |  |
|----|--|
| b. | Please state the document that you have attached <i>E.g. Documents to prove that maintenance has been paid according to the maintenance order. (e.g. updated bank passbooks and/ or bank statements and/or deposit slips).</i> |
| c. | Please state the document that you have attached <i>E.g. Documents and receipts to prove the monthly expenses.</i>   |
| d. | Please state the document that you have attached <i>E.g. Documents to prove debts.</i>   |
| e. | Please state the document that you have attached <i>E.g. Payslips and CPF Statements for the last 6 months.</i>  |
| f. | Please state the document that you have attached <i>E.g. Evidence of Employment (Employer's letter/ employment contract).</i>  |
| g. | Please state the documents that you have attached <i>E.g. Notice of Assessment of Income for the past 3 years.</i>   |
| h. | Please state the documents that you have attached in accordance with the standard list of documents. <i>E.g. Updated bank passbooks and/or updated bank statements (including sole and joint accounts).</i>                    |

11. I am unable to provide the following documents<sup>5</sup>:

|    |   |
|----|---|
| a. | Please state the document that you have been unable to provide. <i>E.g. Computation of arrears of maintenance (only if disputing the arrears).</i>  |
| b. | Please state the document that you have been unable to provide. <i>E.g. Documents to prove that maintenance has been paid according to the maintenance order. (e.g. updated bank passbooks and/ or bank statements and/or deposit slips).</i> |
| c. | Please state the document that you have been unable to provide. <i>E.g. Documents and receipts to prove the monthly expenses.</i>   |
| d. | Please state the document that you have been unable to provide. <i>E.g. Documents to prove debts.</i>   |
| e. | Please state the document that you have been unable to provide. <i>E.g. Payslips and CPF Statements for the last 6 months.</i>  |
| f. | Please state the document that you have been unable to provide. <i>E.g. Evidence of Employment (Employer's letter/ employment contract).</i>  |

---

<sup>5</sup> Add rows if necessary / delete rows accordingly.

|    |  |
|----|--|
| g. | Please state the document that you have been unable to provide. <i>E.g. Notice of Assessment of Income for the past 3 years.</i>                                       |
| h. | Please state the document that you have been unable to provide. <i>E.g. Updated bank passbooks and/or updated bank statements (including sole and joint accounts).</i> |

12. I am unable to provide the documents because

Please state reasons for being unable to provide the documents. If an alternative document is provided instead, please state the alternative document.

13. I understand that if I do not have good reasons for the lack of documents, the Court may draw a negative conclusion (i.e.. adverse inference) from my failure to produce.

14. I also understand that if I am requesting for disclosure of additional relevant documents that are not part of the standard list of documents that the other party has to provide in his/her Statement, I have to file a request for disclosure<sup>6</sup> together with this Statement.

## Section 4: Conclusion

*Select the applicable option for paragraph 15 and enter the applicable details.*

15.  I ask for the application to be dismissed.

I ask for the following orders:

---

<sup>6</sup> The request for disclosure is set out in Form 31 of PD 2024.

Where orders are sought, please set out the relevant orders sought from the court.

## **Section 5: Affirmation or Declaration**

The affidavit is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) or signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024, whichever is applicable.

P.3, r.20(1) FJ(G)R 2024  
Para 36(4) PD 2024

## Request by Maintenance Record Officer for Party's Documents under Part 3, Rule 20 of the Family Justice (General) Rules 2024

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### REQUEST BY MAINTENANCE RECORD OFFICER FOR PARTY'S DOCUMENTS UNDER PART 3, RULE 20 OF THE FAMILY JUSTICE (GENERAL) RULES 2024

I, [Enter your name here] ([Enter your NRIC No. here]) of [Enter address here], the maintenance record officer for [Enter case number here], hereby request the Court to order [Enter the name of party required to produce the documents] (NRIC No. [Enter NRIC No. of the party here]) to provide 4 sets of the following documents:-

| S/No | Requested document(s) <sup>1</sup> | Time period for the requested documents<br>(e.g. from January 2017 to April 2017)<br><b>Requested frequency</b><br>(eg monthly / quarterly / annually)<br>(Whichever is applicable) | Reasons for the request:<br>(Explain how the document is necessary to the maintenance dispute?) | Does the party have or will the party be able to obtain the requested document?<br>(If yes, state the reasons for your belief.) |
|------|------------------------------------|---|---|---|
| 1.   | [Enter details here]               | [Enter details here]  | [Enter reason(s) here]  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

<sup>1</sup> Add additional rows, if necessary.

|    |                      |                      |                        |  |
|----|----------------------|----------------------|------------------------|--|
|    |                      |                      |                        | [If yes, state reason(s) here]   |
| 2. | [Enter details here] | [Enter details here] | [Enter reason(s) here] | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[If yes, state reason(s) here] |
| 3. | [Enter details here] | [Enter details here] | [Enter reason(s) here] | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>[If yes, state reason(s) here] |

**X**

\_\_\_\_\_  
Signature of

[Enter full name as per NRIC/Passport here]

\_\_\_\_\_  
on this [Enter date here]

P.3, r.20(6) FJ(G)R 2024

## Request to Examine the Maintenance Record Officer

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### REQUEST TO EXAMINE THE MAINTENANCE RECORD OFFICER

I, [Enter your name here], being the  applicant  respondent hereby request to examine the maintenance record officer (MRO) at the hearing on [Enter date here] at [Enter time here, e.g. 10.45]  AM  PM for the purpose of examining him/her on the following matters:

| S/No. | Matter to be examined, including paragraph number in the MRO's report, where relevant <sup>1</sup> | Reasons for examining the MRO on this matter |
|-------|--|--|
| 1.    | [Enter details here]   | [Enter reason(s) here]                       |
| 2.    | [Enter details here]   | [Enter reason(s) here]                       |

<sup>1</sup> Add additional rows, if necessary.

X

---

Signature of

[Enter full name as per NRIC/Passport here]

---

on this    Select date

---



P.3, r.21 FJ(G)R 2024  
Para 33 PD 2024

## **Request for / Response to Disclosure**

**For the Applying party:** Use this Form to request the other party to provide documents which fall outside the standard list of required documents. Complete the columns in red and include the completed Form in your first maintenance (MSS) statement / affidavit.

**For the Responding party:** If you have received this Request from the other party, complete the columns in blue. If you agree to disclose the requested documents, the documents should be included in your reply MSS statement / affidavit. The completed Form (i.e. with your response in the columns in blue) should also be included in your reply MSS statement / affidavit.

### **Use of information in this Form**

If the Applying party is dissatisfied with the disclosure provided, the Applying party may file an application for disclosure and rely on the information in this Form. No supporting affidavit will be filed unless the Court permits.

Similarly, the court may rely on the objections stated by the Responding party in this Table to deal with the application for disclosure. The Responding party may not have the opportunity to supplement the information in this Table by filing another affidavit unless the Court permits.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**The Form for completion is from the next page onwards. This cover note need not be included in the filed document.**

## Disclosure Table: Request for Documents and Response

Maintenance Summons No MSS number / year

Date: Enter date here.

| To be completed by the <b>Applying</b> party |                       |  |  | To be completed by the <b>Responding</b> party   |  |
|--|-----------------------|--|--|--|--|
| S/No.  | Requested document(s) | Time period for the requested documents<br><br>Requested frequency | Reasons for the request:<br>Explain:<br>a) How the document is necessary to the maintenance dispute?<br>b) Does the other party have or will be able to obtain the requested document? | Are you providing the document?<br><br>Please state:<br>a) Yes; or<br>b) No<br><br>If you state "No", please complete the next column. | Reasons for <b>not</b> providing the document:<br>(Choose the closest reason or state other reasons. Provide a brief explanation to your reason(s).)<br>a) The document is not necessary to the maintenance dispute.<br>b) The request is excessive. (State what you are willing to provide instead)<br>c) The document has been provided. (State what document was provided and where the document can be found)<br>d) The applying party is able to obtain the document.<br>e) I am unable to obtain or do not have the document.<br>f) The document is privileged.<br>g) Other reasons. |
| S/No   | Enter details here.   | Enter details here.  | Enter details here.  | Enter "Yes" or "No" here.  | Enter your reason and provide a brief explanation here.  |
| S/No   | Enter details here.   | Enter details here.  | Enter details here.  | Enter "Yes" or "No" here.  | Enter your reason and provide a brief explanation here.  |
| S/No   | Enter details here.   | Enter details here.  | Enter details here.  | Enter "Yes" or "No" here.  | Enter your reason and provide a brief explanation here.  |
| S/No   | Enter details here.   | Enter details here.  | Enter details here.  | Enter "Yes" or "No" here.  | Enter your reason and provide a brief explanation here.  |

|      |                     |                     |                     |                           |   |
|------|---------------------|---------------------|---------------------|---------------------------|---|
| S/No | Enter details here. | Enter details here. | Enter details here. | Enter "Yes" or "No" here. | Enter your reason and provide a brief explanation here. |
|------|---------------------|---------------------|---------------------|---------------------------|---|

Add more rows if required.

P.3, r.21 FJ(G)R 2024  
 Para 33 PD 2024

## Application for Disclosure

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

### Section 1: Application

I am filing an application for Disclosure under Maintenance Case no. Enter your case number here.

- I am
- the Applicant
  - the Respondent
  - Enter name or party type here.

- This application is filed against
- the Applicant
  - the Respondent
  - Enter name or party type here.

#### Notes

*You may refer to the MSS case for your party type.*

#### PART A

I am applying for Disclosure as stated in the Annexure (**Request for / Response to Disclosure**).

In respect of each item in the Annexure, the Responding Party is to provide in an affidavit or letter:

- (a) the requested document;
- (b) if the document is not within the Responding Party's possession or control, state the reasons why;
- (c) if the document left the Responding Party's possession, state when the Responding Party parted with possession and what has become of the document.

#### PART B

Costs of this application

- Costs in the cause.
- No orders as to costs.
- Each party to bear own costs.
- Costs to be paid by

Enter name or party type here.

- Costs to be reserved to

Enter event here.

- Others:

Enter details here.

*Costs in the cause means the costs of this application will be decided at and will depend on the outcome of the main proceedings.*

*If you opt to reserve costs, please state the event at which costs is to be decided e.g. reserved to the final hearing.*

*Please select only 1 option.*

**Option A**

- The reasons for this application are stated in the supporting affidavit.

**Option B**

- The reasons for this application are stated in the statement / affidavit filed on Enter date here by Enter name or party type here.

**Option C**

- I do not intend to rely on any evidence / facts and will not file a separate affidavit to support this application.

*To select Option A, the Court must have directed you to file the supporting affidavit. Refer to Form 86 for the Disclosure affidavit.*

*Select Option B if you are relying on previously filed affidavits, e.g. 1<sup>st</sup> MSS statement / affidavit.*

*Select Option C if you are not relying on any evidence to support this application.*

**Annexure: Request for / Response to Disclosure**

Please annex the completed Request for / Response to Disclosure: Form 31.

**Affirmation / Declaration**

Insert the affirmation / declaration clause here if you are **not** filing a supporting affidavit. If you are filing a supporting affidavit, you do not need to insert the affirmation / declaration clause.

This application is to be sworn / affirmed in accordance with the Form of Attestation (Form 106) or signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024. Please also include the following in your affirmation:

Where the facts which I have stated in the Annexure are within my personal knowledge, they are true. Where they are not within my personal knowledge, they are true to the best of my knowledge, information and belief.

## Maintenance Enforcement Order

### IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Maintenance Summons No  
MSS [number]/[year]

Between

[Applicant's name]  
[ID No.]

... Applicant(s)

And

[Respondent's name]  
[ID No.]

... Respondent(s)

### MAINTENANCE ENFORCEMENT ORDER

*Order is valid only if engrossed with the seal of the Court and signature of the Registrar*

WHEREAS on the [Enter date here], [Enter name(s) here] appeared before the Court on the application of [Enter name here],

**BY  ORDER  CONSENT, IT IS ORDERED THAT (UNTIL VARIED OR DISCHARGED ACCORDING TO LAW):**

1. This enforcement order authorises
  - (a) the enforcement applicant to attach a debt which is due to the enforcement respondent from the non-party specified in clause 2 below, with a value of up to a maximum of \$[Enter amount here], being the amount due to the enforcement applicant (including interest and costs): \$[Enter amount here].
  - (b) the non-party to deduct the costs of \$100 from the sum in sub-paragraph (a) if the non-party makes the claim within 14 days of the service of the Notice of Attachment.
2. The non-party in clause 1 is:

Nature of debt to be attached: Enter name here

Name of non-party/financial institution: Enter name here

[Date of order]

P.3, r.28(2) FJ(G)R 2024

**Notice of Attachment (MSS)****IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

Maintenance Summons No

Between

MSS [number]/[year]

[Applicant's name]

[ID No.]

... Applicant(s)

And

[Respondent's name]

[ID No.]

... Respondent(s)

**NOTICE OF ATTACHMENT***Notice is valid only if engrossed with the seal of the Court and signature of the Registrar*

Date of enforcement order:

[Enter date here]

(pursuant to s71(1)(c) Women's Charter  
1961)

To:

[Enter name of non-party / financial institution  
here]

1. Pursuant to the above enforcement order, the [Enter name of enforcement applicant here] ("enforcement applicant") now attaches the debt as set out in clause 2 of the enforcement order.
2. Once this Notice of Attachment is served on you, you are not to deal with or dispose of the deposits or money described in paragraph 1, unless the Court otherwise orders.
3. You must,
  - (a) within 14 days of service of this Notice of Attachment, inform the enforcement applicant and the court of the amount owing to the enforcement respondent that is available to be attached; and
  - (b) you must not deal with or dispose of the deposits or money until after 21 days have passed after the date of service of this Notice of Attachment, or if a notice of objection is filed under Part 3 Rule 29 of the Family Justice (General) Rules 2024, until after the notice of objection has been determined in the manner set out in Rule 29. If no notice of objection is filed under Rule 29, you are to hand over or pay to the enforcement applicant the deposits or money due to the enforcement respondent, within 7 days after 21 days have passed after the date of service of this Notice of Attachment. If you have received notice of objection given by the enforcement



respondent or any non-party objecting to the attachment of the deposits or money, you must not deal with or dispose of the deposits or money and must not hand over or pay the deposits or money until either of the following events:

- (i) the enforcement applicant serves a consent to release
  - (ii) the Court hears and determines the application for release of debt (which application is to be served within 21 days of the notice of objection)
  - (iii) in the absence of (i) or (ii), after 21 days has lapsed from the service of the notice of objection.
4. If you have notified the enforcement applicant of your claim for costs of \$100 within 14 days of service of this Notice of Attachment (see Note 1), you can deduct the costs of \$100 from the amount that you must hand over or pay to the enforcement applicant.
  5. When you hand over or pay the deposits or money to the enforcement applicant, you must state in an accompanying letter signed by you or your solicitor:
    - (a) the amount that is due to the enforcement respondent;
    - (b) the amount that you have deducted/withheld; and
    - (c) the reason for the deduction/withholding of the amount.

*Notes:*

1. *A non-party (who is anyone who is not the enforcement respondent or his employee) who is served with this Notice of Attachment is entitled to claim costs of \$100 (to be deducted from the debt owing from the non-party to the enforcement respondent which is attached under this Notice of Attachment) provided the claim is made within 14 days of service of this Notice of Attachment.*
2. *Where the enforcement respondent or any non-party (collectively “the objector”) objects to any attachment of debt, he or she must, within 14 days of service of this Notice of Attachment, give notice of his or her objection in writing to the Court by filing a notice of objection and serving a copy of the notice of objection on the enforcement applicant, the enforcement respondent (if not the objector) and any non-party served with this Notice of Attachment (if not the objector).*
3. *The notice of objection must identify the objector, specify the property in dispute, state the grounds of objection and include any evidence supporting the grounds of objection.*

**Contact details of the enforcement applicant or his or her solicitor:**

[Enter name, address, email and telephone number]

**Contact details of the enforcement respondent or his or her solicitor:**

[Enter name, address, email and telephone number]

**Written Complaint for** **Section 7(3) Assessment Order** **Section 10(4) Removal Order**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Section 7(3) Assessment order under the Vulnerable Adults Act 2018.
- (b) Section 10(4) Removal order under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.**

*[For official use only]*

**NATURE OF APPLICATION**

s7(3) Assessment Order/  s10(4) Removal Order

**Section 1: Applicant's Details**

| APPLICANT'S PARTICULARS   |   |  |
|---|---|--|
| <b>NAME</b><br>Enter name here  | <b>MSF OFFICER ID NO.</b><br>Enter MSF Officer ID No.<br>here | <b>DESIGNATION</b><br>Enter Designation here             |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| APPLICANT'S CONTACT INFORMATION   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |   |   |                                      |
| <b>EMAIL</b><br>Enter email here  |   |   |                                      |
| <b>HOME TEL.</b><br>Enter Home<br>Tel. here                                 | <b>MOBILE TEL.</b><br>Enter Mobile<br>Tel. here | <b>OFFICE TEL.</b><br>Enter Office<br>Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |   |                                      |

| VULNERABLE ADULT'S PERSONAL PARTICULARS |  |   |  |
|---|--|---|--|
| <b>NAME</b><br>Enter name here          |  |   | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here      | <b>ID TYPE</b><br>Enter ID Type.<br>here | <b>DATE OF BIRTH</b><br>Enter date of birth<br>here | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>                             |  | Enter race here                                     |  |
| <b>RELIGION</b>                         |  | Enter religion here                                 |  |
| <b>EDUCATION</b>                        |  | Enter education here                                |  |

|  |  |
|--|--|
| <b>OCCUPATION</b>                                | Enter occupation here                                    |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> | Enter min. gross household income each month here        |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> | Enter max. gross household income each month here        |
| <b>VULNERABLE ADULT'S INCOME EACH MONTH</b>      | Enter Applicant's income each month here                 |
| <b>MENTAL CAPACITY</b>                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>VULNERABLE ADULT'S CONTACT INFORMATION</b>                               |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

## **Section 2: Application Details**

Select only one option.

**Option 1: Application for Assessment Order**

- Reason(s) for this application is as follows:

|                      |
|----------------------|
| Enter reason(s) here |
|----------------------|

2. I am seeking the following order(s)<sup>1</sup>:
  - Section 6(1)(a) - To assess an Individual or Vulnerable Adult
  - Section 6(1)(b) - To cause an Individual or Vulnerable Adult to be assessed by a Qualified Assessor
  - Section 6(1)(c) - To direct any person to produce an Individual or Vulnerable Adult
  - Section 6(1)(d) - To remove an Individual or Vulnerable Adult for the purpose of an assessment
3. Date of Return: Enter date here
4. To return Individual or Vulnerable Adult to the following place or to the care of following person under section 6(6): Enter details here

**Option 2: Application for Removal Order**

1. Reason(s) for this application is as follows:

Enter reason(s) here

2. Date of Removal: Enter date here
3. The address to remove Individual or Vulnerable Adult is as follows: Enter address here

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

---

<sup>1</sup> Select the applicable option.

**Written Complaint for**  
 **Section 11(2) Temporary Order**  
 **Section 14 AP-only Orders**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Section 11(2) Temporary order under the Vulnerable Adults Act 2018.
- (b) Section 14 AP-only orders under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.**

[for official use only]

**NATURE OF APPLICATION**

s11(2) Temporary Order/  s14 AP-only

**Section 1: Applicant's Details**

| <b>APPLICANT'S PARTICULARS</b>  |   |  |
|---|---|--|
| <b>NAME</b><br>Enter name here  | <b>MSF OFFICER ID NO.</b><br>Enter MSF Officer ID No.<br>here | <b>DESIGNATION</b><br>Enter Designation here             |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>APPLICANT'S CONTACT INFORMATION</b>                                      |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |   |   |                                      |
| <b>EMAIL</b><br>Enter email here  |   |   |                                      |
| <b>HOME TEL.</b><br>Enter Home<br>Tel. here                                 | <b>MOBILE TEL.</b><br>Enter Mobile<br>Tel. here | <b>OFFICE TEL.</b><br>Enter Office<br>Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |   |                                      |

**VULNERABLE ADULT'S PERSONAL PARTICULARS**

|                                |                                    |
|--------------------------------|------------------------------------|
| <b>NAME</b><br>Enter name here | <b>GENDER</b><br>Enter gender here |
|--------------------------------|------------------------------------|

|                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| <b>ID NO.</b><br>Enter ID No. here | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here | <b>NATIONALITY</b><br>Enter nationality here |
|------------------------------------|---------------------------------------|--|--|

|             |                 |
|-------------|-----------------|
| <b>RACE</b> | Enter race here |
|-------------|-----------------|

|                 |                     |
|-----------------|---------------------|
| <b>RELIGION</b> | Enter religion here |
|-----------------|---------------------|

|                  |                      |
|------------------|----------------------|
| <b>EDUCATION</b> | Enter education here |
|------------------|----------------------|

|                   |                       |
|-------------------|-----------------------|
| <b>OCCUPATION</b> | Enter occupation here |
|-------------------|-----------------------|

|  |   |
|--|---|
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> | Enter min. gross household income each month here |
|--|---|

|  |   |
|--|---|
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> | Enter max. gross household income each month here |
|--|---|

|   |  |
|---|--|
| <b>VULNERABLE ADULT'S INCOME EACH MONTH</b> | Enter Applicant's income each month here |
|---|--|

|                        |  |
|------------------------|--|
| <b>MENTAL CAPACITY</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------|--|

**VULNERABLE ADULT'S CONTACT INFORMATION**

|                                      |  |
|--------------------------------------|--|
| <b>ADDRESS</b><br>Enter address here | <b>ADDRESS TYPE</b><br>Enter address type here |
|--------------------------------------|--|

|                                  |
|----------------------------------|
| <b>EMAIL</b><br>Enter email here |
|----------------------------------|

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <b>HOME TEL.</b><br>Enter Home Tel. here | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
|--|--|--|--------------------------------------|

|   |
|---|
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |
|---|

**FAMILY MEMBER/ DONEE/ DEPUTY'S PERSONAL PARTICULARS**

|                                |  |
|--------------------------------|--|
| <b>NAME</b><br>Enter name here | <b>DATE OF BIRTH</b><br>Enter date of birth here |
|--------------------------------|--|

|                                       |                                    |
|---------------------------------------|------------------------------------|
| <b>ID TYPE</b><br>Enter ID Type. here | <b>ID NO.</b><br>Enter ID No. here |
|---------------------------------------|------------------------------------|



|  |  |
|--|--|
| <b>GENDER</b><br>Enter gender here                           | <b>RELATIONSHIP TO VULNERABLE ADULT</b><br>Enter relationship to VA here |
| <b>RECOMMENDATION FOR NOTICE OF APPLICATION TO BE SERVED</b> |  |

| <b>FAMILY MEMBER/ DONEE/ DEPUTY'S CONTACT INFORMATION</b>                   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

## **Section 2: Application Details**

Select only one option.

**Option 1: Application for Temporary Order**

5. Reason(s) for not making an application with specified time:

|                      |
|----------------------|
| Enter reason(s) here |
|----------------------|

6. Date of Removal: Enter date here

7. I am placing Individual or Vulnerable Adult under<sup>1</sup>:

- A Place of Temporary Care and Protection
- Place of Safety

---

<sup>1</sup> Select the applicable option.

The care of a Fit Person

8. Details of Placement:

Enter details here

**Option 2: Application for AP-only Orders**

4. I am seeking the following order(s)<sup>2</sup>:

- Section 14(1)(a) Short Committal Order (up to 6 months) for the Vulnerable Adult
- Section 14(1)(b) Extended Committal Order (exceeding 6 months) for the Vulnerable Adult
- Section 14(1)(c) Specified Production Order
- Section 14(1)(d) Supervision Order for the Vulnerable Adult
- Section 14(1)(i) Counselling / Directed Programme Order
- Section 14(1)(j) Safety / Disposal Order
- Section 14 (4)(a) Production Order
- Section 14(4)(b) Disclosure Order
- Section 14(4)(c) Assessment / Investigation Order
- Section 14(4)(d) Social Report Order
- Section 14(4)(e) Interim Order for the Vulnerable Adult

5. Reason(s) for this application is as follows:

Enter reason(s) here

**Section 3: Declaration**

---

<sup>2</sup> Select the applicable option.

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

**Written Complaint for** **Section 14 Protective Orders** **Section 17 Variation, Suspension or Revocation of Protective Orders** **Section 22(4) Publication/ Broadcast Removal Order**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Section 14 Protective Orders under the Vulnerable Adults Act 2018.
- (b) Variation, suspension or revocation of orders in paragraph 1(a).
- (c) Section 22(4) Publication / Broadcast Removal Order under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.** [For official use only]

**NATURE OF APPLICATION** Select the applicable nature of application<sup>1</sup>

**Section 1: Applicant's Details**

| APPLICANT'S PARTICULARS   |   |  |
|---|---|--|
| <b>NAME</b><br>Enter name here  | <b>MSF OFFICER ID NO.</b><br>Enter MSF Officer ID No.<br>here | <b>DESIGNATION</b><br>Enter Designation here             |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| APPLICANT'S CONTACT INFORMATION   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |   |   |                                      |
| <b>EMAIL</b><br>Enter email here  |   |   |                                      |
| <b>HOME TEL.</b><br>Enter Home<br>Tel. here                                 | <b>MOBILE TEL.</b><br>Enter Mobile<br>Tel. here | <b>OFFICE TEL.</b><br>Enter Office<br>Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |   |                                      |

<sup>1</sup> the options are: s.14 Protective Order / s.17 Variation of Protective Order / s.17 Suspension of Protective Order / s.17 Revocation of Protective Order / s.22(4) Publication/Broadcast Removal Order.

**VULNERABLE ADULT'S PERSONAL PARTICULARS****NAME**

Enter name here

**GENDER**

Enter gender here

**ID NO.**

Enter ID No. here

**ID TYPE**Enter ID Type.  
here**DATE OF BIRTH**Enter date of birth  
here**NATIONALITY**

Enter nationality here

**RACE**

Enter race here

**RELIGION**

Enter religion here

**EDUCATION**

Enter education here

**OCCUPATION**

Enter occupation here

**MINIMUM GROSS HOUSEHOLD  
INCOME EACH MONTH**Enter min. gross household income each month  
here**MAXIMUM GROSS HOUSEHOLD  
INCOME EACH MONTH**Enter max. gross household income each month  
here**VULNERABLE ADULT'S INCOME  
EACH MONTH**

Enter Applicant's income each month here

**MENTAL CAPACITY** Yes  No**VULNERABLE ADULT'S CONTACT INFORMATION****ADDRESS**

Enter address here

**ADDRESS TYPE**

Enter address type here

**EMAIL**

Enter email here

**HOME TEL.**Enter Home  
Tel. here**MOBILE TEL.**Enter Mobile  
Tel. here**OFFICE TEL.**Enter Office  
Tel. here**FAX NO.**

Enter Fax No. here

**OTHER CONTACT INFORMATION**

Enter other contact information, if any

**RESPONDENT'S PERSONAL PARTICULARS****NAME**

Enter name here

**GENDER**

Enter gender here

|  |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>ID NO.</b><br>Enter ID No. here   | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here         | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RELATIONSHIP WITH VULNERABLE ADULT</b><br>Enter Respondent's relationship with VA |                                       |  |  |
| <b>RACE</b>  |                                       | Enter race here  |  |
| <b>RELIGION</b>  |                                       | Enter religion here                                      |  |
| <b>EDUCATION</b>   |                                       | Enter education here                                     |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here                                    |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                                     |                                       | Enter min. gross household income each month here        |  |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                                     |                                       | Enter max. gross household income each month here        |  |
| <b>RESPONDENT'S INCOME EACH MONTH</b>  |                                       | Enter Applicant's income each month here                 |  |
| <b>WILL THE RESPONDENT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b>               |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>RESPONDENT'S CONTACT INFORMATION</b>                                     |  |  |                                      |
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

## Section 2: Application Details

Select only one option.

**Option 1: Application for Protective orders**

1. Details of Abuse/Neglect Incident

Date/Time: Enter date here at Enter time here, e.g. 10.45  AM  PM

Place: Enter location here

Brief details: Enter brief details here

Type:  Abuse  Neglect

Injuries sustained:

|                    |
|--------------------|
| Enter details here |
|--------------------|

2. I am seeking the following orders<sup>1</sup>:

Section 14(1)(e) Restraining Order for the Vulnerable Adult

Section 14(1)(f) Exclusion Order for the Vulnerable Adult

Section 14(1)(g) Non-Access Order for the Vulnerable Adult

Section 14(1)(h) Non-visitation / Non-communication Order for the Vulnerable Adult

Non-visitation Order

Non-communication Order

Section 14(1)(i) Counselling / Directed Programme Order

Section 15 Expedited Order for Section 14(1)(e) Restraining Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(f) Exclusion Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(g) Non-Access Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(h) Non-visitation Order for the Vulnerable Adult

Section 15 Expedited Order for Section 14(1)(h) Non-communication Order for the Vulnerable Adult

3. Past Abuse/Neglect Incident(s):

|             |  |
|-------------|--|
| S/N         | Enter serial number here   |
| Date & Time | Enter date here at Enter time here e.g. 10.45 <input type="checkbox"/> AM <input type="checkbox"/> PM. |
| Place       | Enter details here   |

---

<sup>1</sup> Select the applicable option.



|                  |   |
|------------------|---|
| Brief details    | Enter brief details here  |
| Type             | <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect |
| Injury sustained | Enter details here  |

**Option 2: Variation / Suspension / Revocation of Protective orders**

6. I am seeking a [Select the applicable option]<sup>2</sup> of the following Protective Orders dated [Enter date here]:

- Section 14(1)(e) Restraining Order for the Vulnerable Adult
- Section 14(1)(f) Exclusion Order for the Vulnerable Adult
- Section 14(1)(g) Non-Access Order for the Vulnerable Adult
- Section 14(1)(h)  Non-visitation /  Non-communication Order for the Vulnerable Adult
- Section 14(1)(i) Counselling / Directed Programme Order
- Common details (only for Variation of Protective Orders)

7. Reason(s) for this application is as follows:

Enter reason(s) here

8. I  have  have not lodged a previous complaint in Court in respect of this matter.

**Option 3: Application for order under Section 22(4)**

1. Reason(s) for this application is as follows:

Enter reason(s) here

---

<sup>2</sup> the options are: Variation / Suspension / Revocation

2. Request for an urgent order pursuant to Section 22(5)<sup>3</sup>:

- Yes
- No

3. Information on Sections 22(6) and (7)<sup>4</sup>:

An application has been made under Section 22(6) to the State Courts in relation to the subject-matter herein, but no application has been made under Section 22(7) for a Section 22(4) order.

No application has been made under Section 22(6) to the State Courts in relation to the subject-matter herein. I undertake to inform the Family Justice Courts if such an application is made in future.

4. Details of related application, if any:

[Enter details here]

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

---

<sup>3</sup> Select the applicable option.

<sup>4</sup> Select the applicable option.

**Written Complaint for**  
 **Section 14 Protective Orders**  
 **Section 17 Variation, Suspension or Revocation of Protective Orders**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (c) Section 14 Protective Orders under the Vulnerable Adults Act 2018.
- (b) Variation, suspension or revocation of orders in paragraph 1(a).

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.**

[For official use only]

**NATURE OF APPLICATION**

Select the applicable nature of application<sup>1</sup>

**Section 1: Applicant's Details**

| <b>APPLICANT'S PERSONAL PARTICULARS</b>                               |                                    |   |
|---|------------------------------------|---|
| <b>NAME</b><br>Enter name here  |                                    |   |
| <b>ID NO.</b><br>Enter ID No. here                                    |                                    | <b>ID TYPE</b><br>Enter ID Type. here   |
| <b>DATE OF BIRTH</b><br>Enter date of birth here                      | <b>GENDER</b><br>Enter gender here | <b>RELATIONSHIP WITH VULNERABLE ADULT</b><br>Enter Applicant's relationship with VA |
| <b>NATIONALITY</b>  |                                    | Enter nationality here  |
| <b>RACE</b>   |                                    | Enter race here   |
| <b>RELIGION</b>   |                                    | Enter religion here   |
| <b>EDUCATION</b>  |                                    | Enter education here  |
| <b>OCCUPATION</b>   |                                    | Enter occupation here   |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                      |                                    | Enter min. gross household income each month here                                   |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                      |                                    | Enter max. gross household income each month here                                   |
| <b>APPLICANT'S INCOME EACH MONTH</b>                                  |                                    | Enter Applicant's income each month here  |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |

<sup>1</sup> the options are: s.14 Protective Order / s.17 Variation of Protective Order / s.17 Suspension of Protective Order / s.17 Revocation of Protective Order

| <b>APPLICANT'S CONTACT INFORMATION</b>                                      |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

| <b>VULNERABLE ADULT'S PERSONAL PARTICULARS</b>   |                                       |   |  |
|--|---------------------------------------|---|--|
| <b>NAME</b><br>Enter name here                   |                                       |   | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here               | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here  | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RACE</b>                                      |                                       | Enter race here                                   |  |
| <b>RELIGION</b>                                  |                                       | Enter religion here                               |  |
| <b>EDUCATION</b>                                 |                                       | Enter education here                              |  |
| <b>OCCUPATION</b>                                |                                       | Enter occupation here                             |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> |                                       | Enter min. gross household income each month here |  |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b> |                                       | Enter max. gross household income each month here |  |
| <b>VULNERABLE ADULT'S INCOME EACH MONTH</b>      |                                       | Enter Applicant's income each month here          |  |

|                        |  |
|------------------------|--|
| <b>MENTAL CAPACITY</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------|--|

| <b>VULNERABLE ADULT'S CONTACT INFORMATION</b>                               |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

| <b>RESPONDENT'S PERSONAL PARTICULARS</b>   |                                       |   |  |
|--|---------------------------------------|---|--|
| <b>NAME</b><br>Enter name here   |                                       |   | <b>GENDER</b><br>Enter gender here           |
| <b>ID NO.</b><br>Enter ID No. here   | <b>ID TYPE</b><br>Enter ID Type. here | <b>DATE OF BIRTH</b><br>Enter date of birth here  | <b>NATIONALITY</b><br>Enter nationality here |
| <b>RELATIONSHIP WITH VULNERABLE ADULT</b><br>Enter Respondent's relationship with VA |                                       |   |  |
| <b>RACE</b>  |                                       | Enter race here                                   |  |
| <b>RELIGION</b>  |                                       | Enter religion here                               |  |
| <b>EDUCATION</b>   |                                       | Enter education here                              |  |
| <b>OCCUPATION</b>  |                                       | Enter occupation here                             |  |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                                     |                                       | Enter min. gross household income each month here |  |

|  |  |
|--|--|
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                       | Enter max. gross household income each month here        |
| <b>RESPONDENT'S INCOME EACH MONTH</b>                                  | Enter Applicant's income each month here                 |
| <b>WILL THE RESPONDENT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>RESPONDENT'S CONTACT INFORMATION</b>                                     |  |  |                                      |
|---|--|--|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |  | <b>ADDRESS TYPE</b><br>Enter address type here |                                      |
| <b>EMAIL</b><br>Enter email here  |  |  |                                      |
| <b>HOME TEL.</b><br>Enter Home Tel. here                                    | <b>MOBILE TEL.</b><br>Enter Mobile Tel. here | <b>OFFICE TEL.</b><br>Enter Office Tel. here   | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |  |  |                                      |

## **Section 2: Application Details**

Select only one option.

**Option 1: Application for Protective orders**

1. Details of Abuse/Neglect Incident

Date: Enter date here at Enter time here, e.g. 10.45  AM  PM

Place: Enter location here

Brief details: Enter details here

Type:  Abuse  Neglect

Injuries sustained:

Enter brief details here

|  |
|--|
|  |
|--|

2. I am seeking the following orders<sup>2</sup>:

- Section 14(1)(e) Restraining Order for the Vulnerable Adult
- Section 14(1)(f) Exclusion Order for the Vulnerable Adult
- Section 14(1)(g) Non-Access Order for the Vulnerable Adult
- Section 14(1)(h) Non-visitation / Non-communication Order for the Vulnerable Adult
  - Non-visitation Order
  - Non-communication Order
- Section 15 Expedited Order for Section 14(1)(e) Restraining Order for the Vulnerable Adult
- Section 15 Expedited Order for Section 14(1)(f) Exclusion Order for the Vulnerable Adult
- Section 15 Expedited Order for Section 14(1)(g) Non-Access Order for the Vulnerable Adult
- Section 15 Expedited Order for Section 14(1)(h) Non-visitation Order for the Vulnerable Adult
- Section 15 Expedited Order for Section 14(1)(h) Non-communication Order for the Vulnerable Adult

3. Past Abuse/Neglect Incident(s):

|                  |  |
|------------------|--|
| S/N              | Enter serial number here   |
| Date & Time      | Enter date here at Enter time here, e.g. 10.45 <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Place            | Enter details here   |
| Brief details    | Enter brief details here   |
| Type             | <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect  |
| Injury sustained | Enter details here   |

<sup>2</sup> Select the applicable option.



**Option 2: Variation/ Suspension/ Revocation of Protective orders**

1. I am seeking a  Select the applicable option<sup>3</sup> of the following Protective Orders<sup>4</sup> dated  
Enter the date here

- Section 14(1)(e) Restraining Order for the Vulnerable Adult
- Section 14(1)(f) Exclusion Order for the Vulnerable Adult
- Section 14(1)(g) Non-Access Order for the Vulnerable Adult
- Section 14(1)(h)  Non-visitation /  Non-communication Order for the Vulnerable Adult
- Section 14(1)(i) Counselling/ Directed Programme Order
- Common details (only for Variation of Protective Orders)

2. Reason(s) for this application is as follows:

Enter reason(s) here

3. I  have  have not lodged a previous complaint in Court in respect of this matter.

**Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

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<sup>3</sup> the options are: Variation / Suspension / Revocation.

<sup>4</sup> Select the applicable option.

## **Written Complaint for Section 17 Variation, Suspension or Revocation of AP-only Orders**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Variation, suspension or revocation of Adult Protector ("AP")-only orders under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

APPLICATION NO.

[For official use only]

NATURE OF APPLICATION

Select the applicable nature of application<sup>1</sup>

## Section 1: Applicant's Details

| APPLICANT'S PARTICULARS   |   |  |
|---|---|--|
| <b>NAME</b><br>Enter name here  | <b>MSF OFFICER ID NO.</b><br>Enter MSF Officer ID No.<br>here | <b>DESIGNATION</b><br>Enter Designation here             |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| APPLICANT'S CONTACT INFORMATION   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>ADDRESS</b><br>Enter address here  |   |   |                                      |
| <b>EMAIL</b><br>Enter email here  |   |   |                                      |
| <b>HOME TEL.</b><br>Enter Home<br>Tel. here                                 | <b>MOBILE TEL.</b><br>Enter Mobile<br>Tel. here | <b>OFFICE TEL.</b><br>Enter Office<br>Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |   |                                      |

## Section 2: Application Details

### Variation/ Suspension/ Revocation of AP-only Orders

- I am seeking a Select the applicable option<sup>2</sup> of the following AP-only Orders dated  
Enter date here:
  - Section 14(1)(a) Short Committal Order (up to 6 months) for the Vulnerable Adult
  - Section 14(1)(b) Extended Committal Order (exceeding 6 months) for the Vulnerable Adult
  - Section 14(1)(c) Specified Production Order
  - Section 14(1)(d) Supervision Order for the Vulnerable Adult
  - Section 14(1)(i) Counselling / Directed Programme Order
  - Section 14(1)(j) Safety / Disposal Order

<sup>1</sup> the options are: s.17 Variation of AP-only Order / s.17 Suspension of AP-only Order / s.17 Revocation of AP-only Order.

<sup>2</sup> the options are: Variation/ Suspension / Revocation.

Common details (only for Variation of Protective Orders)

2. Reason(s) for this application is as follows:

Enter reason(s) here

### **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.

## **Written Complaint for Section 17 Variation, Suspension or Revocation of AP-only Orders**

This form contains the relevant information to be provided when filing the following applications through the Family Justice Court's IFAMS system:

- (a) Variation, suspension or revocation of Adult Protector ("AP")-only orders under the Vulnerable Adults Act 2018.

This form contains Notes to help you in the completion of the form. Please note that the Notes are **NOT** to be construed or regarded as a substitute for legal advice. Please seek legal advice if necessary.

**APPLICATION NO.**

[For official use only]

**NATURE OF APPLICATION**

Select the applicable nature of application<sup>1</sup>

**Section 1: Applicant's Details**

| APPLICANT'S PERSONAL PARTICULARS                                      |                                    |   |
|---|------------------------------------|---|
| <b>NAME</b><br>Enter name here  |                                    |   |
| <b>ID NO.</b><br>Enter ID No. here                                    |                                    | <b>ID TYPE</b><br>Enter ID Type. here   |
| <b>DATE OF BIRTH</b><br>Enter date of birth here                      | <b>GENDER</b><br>Enter gender here | <b>RELATIONSHIP WITH VULNERABLE ADULT</b><br>Enter Applicant's relationship with VA |
| <b>NATIONALITY</b>  |                                    | Enter nationality here  |
| <b>RACE</b>   |                                    | Enter race here   |
| <b>RELIGION</b>   |                                    | Enter religion here   |
| <b>EDUCATION</b>  |                                    | Enter education here  |
| <b>OCCUPATION</b>   |                                    | Enter occupation here   |
| <b>MINIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                      |                                    | Enter min. gross household income each month here                                   |
| <b>MAXIMUM GROSS HOUSEHOLD INCOME EACH MONTH</b>                      |                                    | Enter max. gross household income each month here                                   |
| <b>APPLICANT'S INCOME EACH MONTH</b>                                  |                                    | Enter Applicant's income each month here  |
| <b>WILL THE APPLICANT BE ABLE TO COMMUNICATE IN ENGLISH IN COURT?</b> |                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                            |

| APPLICANT'S CONTACT INFORMATION      |  |
|--------------------------------------|--|
| <b>ADDRESS</b><br>Enter address here | <b>ADDRESS TYPE</b><br>Enter address type here |

<sup>1</sup> the options are: s.17 Variation of AP-only Order / s.17 Suspension of AP-only Orders / s.17 Revocation of AP-only Orders.

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>EMAIL</b><br>Enter email here  |   |   |                                      |
| <b>HOME TEL.</b><br>Enter Home<br>Tel. here                                 | <b>MOBILE TEL.</b><br>Enter Mobile<br>Tel. here | <b>OFFICE TEL.</b><br>Enter Office<br>Tel. here | <b>FAX NO.</b><br>Enter Fax No. here |
| <b>OTHER CONTACT INFORMATION</b><br>Enter other contact information, if any |   |   |                                      |

## **Section 2: Application Details**

### **Variation / Suspension / Revocation of AP-only Orders**

- I am seeking a Select the applicable option<sup>2</sup> of the following AP-only Orders dated Enter date here:
  - Section 14(1)(a) Short Committal Order (up to 6 months) for the Vulnerable Adult
  - Section 14(1)(b) Extended Committal Order (exceeding 6 months) for the Vulnerable Adult
  - Section 14(1)(c) Specified Production Order
  - Section 14(1)(d) Supervision Order for the Vulnerable Adult
  - Section 14(1)(i) Counselling / Directed Programme Order
  - Section 14(1)(j) Safety / Disposal Order
  - Common details (only for Variation of Protective Orders)

- Reason(s) for this application is as follows:

Enter reason(s) here.

## **Section 3: Declaration**

The complaint is to be signed / declared in accordance with the Form of Declaration (Form

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<sup>2</sup> the options are: Variation / Suspension / Revocation.

107) of the Family Justice (General) Rules 2024.

The Applicant is aware that a copy of the application form or the application details, and any supporting documents may be provided to the Respondent.



P.3, r.45(2)(a) FJ(G)R 2024

## **Mental Capacity Assessment Report (VAA)**

1. This form contains the relevant information to be provided for the purposes of a Mental Capacity Assessment Report under the Vulnerable Adults Act 2018 (“VAA”).
2. Complete either **Part A** or **Part B** of this Form:
  - a. **Part A:** For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(i) VAA<sup>1</sup>. To be filled in by a mental capacity assessor as appointed by the Director-General of Social Welfare under the VAA.
  - b. **Part B:** For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(ii)<sup>2</sup> or (iii)<sup>3</sup> VAA. For use in support of a Court application under the VAA.

### Guidance Notes:

3. A person lacks mental capacity in relation to a matter if at the material time he or she is unable to make a decision for himself or herself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.
4. A person is unable to make a decision for himself or herself if he or she 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 or her decision (whether by talking, using sign language or any other means).
5. 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.

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<sup>1</sup> The Director-General or a protector.

<sup>2</sup> An approved welfare officer or the vulnerable adult’s done or deputy (if appointed).

<sup>3</sup> A family member of the vulnerable adult.

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

## Part A

### **Section 1: Individual's Particulars**

|                                   |   |
|-----------------------------------|---|
| <b>Name (as in NRIC):</b>         | Enter name here   |
| <b>Gender:</b>                    | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| <b>NRIC / FIN / Passport No.:</b> | <input type="checkbox"/> NRIC (Pink) Enter NRIC no. here<br><input type="checkbox"/> NRIC (Blue) Enter NRIC no. here<br><input type="checkbox"/> FIN Enter FIN no. here<br><input type="checkbox"/> Passport Enter passport no. here<br><input type="checkbox"/> Others [If others, please specify. Please also include identification no.] |
| <b>Date of Birth:</b>             | Enter date of birth here  |
| <b>Place of Assessment:</b>       | Enter location here   |
| <b>Date of Assessment:</b>        | Enter date of assessment here   |

### **Section 2: Assessor's Particulars**

|   |  |
|---|--|
| <b>Name (as in NRIC):</b>   | Enter name here  |
| <b>MCR/SRP No.:</b>   | Enter MCR/SRP no here  |
| <b>Contact No.:</b>   | Enter contact no here  |
| <b>Designation and Department:</b>  | Enter Designation/Department here  |
| <b>Assessor's qualifications and experience in assessing mental capacity:</b> | Enter details here   |
| <b>Hospital / clinic / organisation and address:</b>                          | Enter details here   |
| <b>Relationship with Vulnerable Adult ("VA"):</b>                             | <input type="checkbox"/> I have been seeing the VA regularly over a period of time.<br>Date of first consultation/assessment:<br>Enter date here<br>Frequency of consultation/assessment:<br>Enter details here<br>Date of last examination/assessment: Enter date here<br><br><input type="checkbox"/> I am seeing the VA for this mental capacity assessment only. |

### Section 3: Individual's Medical Information

|  |   |
|--|---|
| <p><b>Past medical history (if any):</b></p>                       | <p>Past Diagnosis: Enter details here<br/>           Date of assessment: Enter date here<br/>           Source of information:<br/> <input type="checkbox"/> Medical records/report – please specify doctor &amp; clinic/hospital: Enter details here<br/> <input type="checkbox"/> Vulnerable adult<br/> <input type="checkbox"/> Others – please specify name &amp; relationship:<br/>           Enter details here</p> |
| <p><b>Current Diagnosis:</b></p>                                   | <p>Please state what the individual is suffering from</p>   |
| <p><b>Symptoms in relation to mental capacity<sup>4</sup>:</b></p> | <p>Is there a current impairment of or disturbance in the functioning of the person's mind or brain?<sup>5</sup>:<br/><br/>           Enter details here</p>  |

### Section 4: Assessment of Vulnerable Adult's Mental Capacity

Refer to Guidance Notes at page 1 if necessary.

| <b>Mental Capacity to Consent</b>  |
|--|
| <p><i>Does the Vulnerable Adult have the mental capacity to consent to the court interventions indicated in sub-sections _____ :</i></p> |

<sup>4</sup> 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.

<sup>5</sup> 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 section 4 of the Mental Capacity Act 2008.

|  |   |
|--|---|
| <p>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;</p>   | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <p>ii. To be committed to a place of safety or the care of a fit person for a specified period exceeding six months;</p>   | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <p>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;</p> | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <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>   | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |

|   |   |
|---|---|
| <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> | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <p>vi. To restrain another person from abusing or further abusing him/her; and</p>  | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <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>                     | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |
| <p>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</p>                          | <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Unable to understand information relevant to decision<br/> <input type="checkbox"/> Unable to retain information<br/> <input type="checkbox"/> Unable to use or weigh information for decision making<br/> <input type="checkbox"/> Unable to communicate his/her decision</p> |

|   |  |
|---|--|
| ix. To prohibit a person from visiting or communicating with him/her; and   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unable to understand information relevant to decision<br><input type="checkbox"/> Unable to retain information<br><input type="checkbox"/> Unable to use or weigh information for decision making<br><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<br><input type="checkbox"/> No<br><input type="checkbox"/> Unable to understand information relevant to decision<br><input type="checkbox"/> Unable to retain information<br><input type="checkbox"/> Unable to use or weigh information for decision making<br><input type="checkbox"/> Unable to communicate his/her decision |
| xi. To be placed under the custody, charge and care of the Director-General of Social Welfare / protector until an application to court under section 12 is made and determined | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unable to understand information relevant to decision<br><input type="checkbox"/> Unable to retain information<br><input type="checkbox"/> Unable to use or weigh information for decision making<br><input type="checkbox"/> Unable to communicate his/her decision |
| <b>Basis of Opinion</b>   |  |
| Supporting Information / clinical observations  | Enter details here   |

## **Section 5: Prognosis**

Where “No” is indicated in any or all of the above:

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?

Yes. *Please state why and given an indication of when this might happen.*

Enter details here

No. *Please state why.*

Enter details here

## **Section 6: Any Other Information / Remarks**

Enter details here

## **Section 7: 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 2018, or submitted to the Court in an application for a court order under the Vulnerable Adults Act 2018.



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 2018.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

## □ Part B

Enter date here

Full name of Patient: Enter full name as per NRIC/ Passport here.

Identity No.: Enter NRIC/ FIN/ Passport no. here.

Age of Patient at last birthday: Enter age at last birthday here.

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:

Enter details here

### Assessment of Vulnerable Adult's Mental Capacity

| <b>Mental Capacity to Consent</b>  |   |
|--|---|
| <i>Does the Vulnerable Adult have the mental capacity to consent to the following court interventions:</i>             |   |
| <p>i. Section 14(1)(e)</p> <p>To restrain another person from abusing or further abusing him/her; and/or</p>           | <p><input type="checkbox"/> Yes</p> <p><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>ii. Section 14(1)(f)</p> <p>To be granted exclusive right of occupation of the premises where he/she ordinarily</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>  |

|  |   |
|--|---|
| <p>resides, or part thereof, to the exclusion of another person; and/or</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>iii. Section 14(1)(g)</p> <p>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</p> <p><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)</p> <p>To prohibit a person from visiting or communicating with him/her.</p>   | <p><input type="checkbox"/> Yes</p> <p><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:** Enter name of doctor here

**Clinic/Hospital:** Enter clinic/hospital here

**Medical Registration Number:** Enter Reg. number here

P.3, r.45(2)(b) FJ(G)R 2024

## Physical Capacity Assessment Report (VAA)

*Assessment for Physical Infirmary/Disability/Incapacity of an Individual*

### Section 1: Individual's Particulars

|                                   |   |
|-----------------------------------|---|
| <b>Name (as in NRIC):</b>         | Enter name here   |
| <b>Gender:</b>                    | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| <b>NRIC / FIN / Passport No.:</b> | <input type="checkbox"/> NRIC (Pink) Enter NRIC no. here<br><input type="checkbox"/> NRIC (Blue) Enter NRIC no. here<br><input type="checkbox"/> FIN Enter FIN no. here<br><input type="checkbox"/> Passport Enter passport no. here<br><input type="checkbox"/> Others [If others, please specify. Please also include identification no.] |
| <b>Date of Birth:</b>             | Enter date of birth here  |
| <b>Place of Assessment:</b>       | Enter location here   |
| <b>Date of Assessment:</b>        | Enter date of assessment  |

### Section 2: Assessor's Particulars

|   |   |
|---|---|
| <b>Name (as in NRIC):</b>   | Enter name here   |
| <b>MCR/SRP No.:</b>   | Enter MCR/SRP no here   |
| <b>Contact No.:</b>   | Enter contact no here   |
| <b>Designation and Department:</b>  | Enter Designation/Department here   |
| <b>Assessor's qualifications and experience in assessing mental capacity:</b> | Enter details here  |
| <b>Hospital / clinic / organisation and address:</b>                          | Enter details here  |
| <b>Engagements with VA:</b>   | <input type="checkbox"/> <i>I have been seeing the individual regularly over a period of time</i><br><br>Date of first consultation/assessment: Enter date here<br><br>Frequency of consultation/assessment: Enter details here<br><br>Date of last examination/assessment: Enter date here<br><br><input type="checkbox"/> <i>I am seeing the individual for this assessment only.</i> |

### **Section 3: Individual's Medical Information**

|  |   |
|--|---|
| <p><b>Past medical history (if any):</b></p> | <p>Date of assessment: Enter date here</p> <p>Source of information<sup>1</sup>:</p> <p><input type="checkbox"/> Medical records/report – please specify doctor &amp; clinic/hospital: Enter details here</p> <p><input type="checkbox"/> Vulnerable adult</p> <p><input type="checkbox"/> Others – please specify name &amp; relationship:</p> <p>Enter details here</p> |
| <p><b>Current Diagnosis:</b></p>             | <p>Please state nature of physical conditions and/or disabilities the individual is suffering from</p>  |
| <p><b>Basis of opinion:</b></p>              | <p>Enter details of supporting information/ clinical observations</p>   |

**Section 4: Any Other Information / Remarks**

---

<sup>1</sup> Select the applicable option(s).

Enter details here

## **Section 5: 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 for the purpose of an application for a Court order under the Vulnerable Adults Act 2018.

The assessment 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 2018.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

P.3, r.46(1)(a), (2)(a)  
FJ(G)R 2024

## Consent of Vulnerable Adult (VAA)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

**CONSENT OF VULNERABLE ADULT UNDER  
THE VULNERABLE ADULTS ACT 2018**  
IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant(s)

Name of Vulnerable Adult: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.

1. I hereby give my consent to the Select the applicable option<sup>1</sup> to make an application under the Vulnerable Adults Act 2018 for the following orders<sup>2</sup>:
  - 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 here]) 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)];

<sup>1</sup> The options are: Director-General of Social Welfare / protector / approved welfare officer / done / deputy / family member

<sup>2</sup> Select the applicable option.



- e.  To restrain another person ([Enter name here]) 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 ([Enter name here]) [section 14(1)(f)];
- g.  To prohibit a person ([Enter name here]) 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 ([Enter name here]) 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 [Enter name of respondent here] [section 16]; or
- 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 [Select the applicable option]<sup>3</sup>  
Registration No. (if any): Enter number here

If witness is not one of options:

---

<sup>3</sup> The options are: Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist

Name of Witness: Enter name here

NRIC: Enter NRIC here

Address: Enter address here

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

---

Signature of Witness

P.3, r.46(1)(a), (2)(a)  
FJ(G)R 2024

## Consent of Owner of Residence (VAA)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

CONSENT OF OWNER OF RESIDENCE UNDER  
THE VULNERABLE ADULTS ACT 2018  
IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant(s)

Name of Owner of Residence: Enter full name as per NRIC/ Passport here.  
Identity No.: Enter NRIC/ FIN/ Passport no. here.  
Address: Enter address here.

I hereby give my consent to the  Director-General  Protector to make an application under section 14(1)(j) of the Vulnerable Adults Act 2018 for an order authorising the  Director-General  Protector  [Enter the name of other person/company]<sup>1</sup> to make my residence at [Enter address here] a safe living environment and authorising the disposal by the  Director-General  Protector  [Enter the name of other person/company]<sup>2</sup> of any article or thing in the said residence to make the said residence a safe living environment.

---

Signature of the Owner

(Where the witness is one of the following: Commissioner for Oaths / Notary Public Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist)

---

<sup>1</sup> Select the applicable option.

<sup>2</sup> Select the applicable option.

Witnessed before me:

\_\_\_\_\_  
Signature of [Select the applicable option]<sup>3</sup>

Registration No. (if any): [Enter Reg. number here, if applicable]

(*If witness is not one of the above options*)

Name of Witness: [Enter name of Witness here]

NRIC: Enter NRIC here

Address: Enter address here

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

\_\_\_\_\_  
Signature of Witness

<sup>3</sup> The options are: Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist  
^Select as applicable.

P.3, r.46(3) FJ(G)R 2024

## Declaration (VAA)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

**DECLARATION UNDER  
THE VULNERABLE ADULTS ACT 2018  
IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]**

[Applicant's Name]

Applicant(s)

I, [Enter name here] [Enter Identification number here], the Applicant declare as follows:

- a) I have not obtained the consent of  vulnerable adult  owner of residence located at [Enter address here] in the manner set out in  Form 37 (Consent of the Vulnerable Adult)  Form 38 (Consent of the Owner of Residence) of the Family Justice Courts Practice Directions 2024.
- b) The  vulnerable adult  owner of residence has nonetheless consented to my application for [State briefly the nature of the application].
- c) I obtained the consent of the  vulnerable adult  owner of residence on [Enter date] at [Enter time here, e.g. 10.45]  AM  PM at [Enter address here].
- d) 

[Briefly describe the circumstances under which such consent was obtained].

The declaration is to be signed / declared in accordance with the Form of Declaration (Form 107) of the Family Justice (General) Rules 2024.

**Notice of Application (s.7, 10, 11, 14, 17 VAA)****IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE****NOTICE OF APPLICATION FOR ORDERS PURSUANT TO THE  
VULNERABLE ADULTS ACT 2018**

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant

*Notice is valid only if engrossed with the seal of the Court and signature of the Registrar*To  Enter Name of Vulnerable Adult<sup>1</sup> /  Enter Name of relevant persons<sup>2</sup>

Of Enter address here

**WHEREAS** an application has been made on [Enter date of application here] by the applicant for an order under  section 7(3)  section 10(4)  section 11(2)  section 14(1)  section 17(1)<sup>3</sup> of the above-mentioned Act.

**YOU ARE HEREBY GIVEN NOTICE** of the above application. If you wish to object to the application, you are to:

- (a) File a Notice of Objection with the Family Justice Courts at 3 Havelock Square Singapore 059725 within seven (7) days of the service of this Notice of Application on you. Upon acceptance of your Notice by the Court, serve a copy of the Notice on the Director-General/protector at 512 Thomson Road, #10-00 MSF Building, Singapore 298136, and

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<sup>1</sup> Applicable if the vulnerable adult *does not* lack mental capacity.

<sup>2</sup> Applicable if the vulnerable adult *lacks* mental capacity.

<sup>3</sup> Select the applicable option.

(b) Appear at [Enter Court Room here] of the Family Justice Courts, 3 Havelock Square Singapore 059725 on [Enter date here] at [Enter time here, e.g. 10.45]  AM  PM 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.

**Notice of Application (s.22(4) VAA)****IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE****NOTICE OF APPLICATION FOR ORDERS  
PURSUANT TO THE VULNERABLE ADULTS ACT 2018**

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant

*Notice is valid only if engrossed with the seal of the Court and signature of the Registrar*

To Enter Name of Respondent

Of Enter address

**WHEREAS** the  Director-General of Social Welfare  Protector that you have, without the Director-General's approval, on [Enter date here] on [specify platform], in contravention of  section 22(1)  section 22(2) of the above-mentioned Act, published, or broadcast, information or picture(s) that identify(ies) or is / are likely to lead to the identification of<sup>1</sup>:

an individual who has been or is the subject of any investigation, examination, assessment or treatment under this Act relating to whether the individual is a vulnerable adult experiencing or at risk of abuse, neglect or self-neglect [*section 22(1)(a)*]; or

a vulnerable adult who has been committed to a place of temporary care and protection or place of safety or to the care of a fit person under this Act [*section 22(1)(b)*]; or

a vulnerable adult who is the subject of an order made by a court under this Act [*section 22(1)(c)*]; or

---

<sup>1</sup> Select the applicable option.



a place of temporary care and protection or place of safety in which an individual or a vulnerable adult mentioned in sub-section (1)(a), (b) or (c) is committed, or the location of such a place of temporary care and protection or place of safety [section 22(2)(a)]; or

a fit person under whose care an individual or a vulnerable adult mentioned in sub-section (1)(a), (b) or (c) is placed, or the location of the premises of such a fit person [section 22(2)(b)].

**AND WHEREAS** an application by the  Director-General of Social Welfare  Protector has been made for an order under section 22(4) of the above-mentioned Act that you remove the publication, or cease the broadcast, of such information or picture(s).

**YOU ARE HEREBY GIVEN NOTICE** of the above application. If you wish to object to the application, you are to:

- (a) File a Notice of Objection with the Family Justice Courts at 3 Havelock Square Singapore 059725 within seven (7) days of the service of this Notice of Application on you. Upon acceptance of your Notice by the Court, serve a copy of the Notice on the Director-General/protector at 512 Thomson Road, #10-00 MSF Building, Singapore 298136, and
- (b) Appear at [Enter Court Room] of the Family Justice Courts, 3 Havelock Square Singapore 059725 on [Enter date here] at [Enter time here, e.g. 10.45]  AM  PM 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.

## Notice of Objection (VAA)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

### NOTICE OF OBJECTION UNDER THE VULNERABLE ADULTS ACT 2018

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant(s)

[Respondent's Name]<sup>1</sup>

Respondent<sup>2</sup>

To:

a) Family Justice Courts

b) Director-General of Social Welfare/protector

1. Whereas an application has been made by the above applicant for an Order under section 14 / section 22(4) of the abovementioned Act and that a Notice of Application was served on  me /  the Respondent /  a relevant person.
2. I, [Enter name of Respondent / Relevant person/ Solicitor] [Enter Identification Number of Respondent / Relevant Person / Practicing Certificate Number for solicitor, whichever applicable], the [Enter name of relationship to the Vulnerable Adult e.g. father, daughter] of the vulnerable adult hereby give notice that  I  the Respondent  a relevant person intend to object to the application and wish to be heard on the same.

<sup>1</sup> Applicable only if this is a notice to dispute a section 22(4) application.

<sup>2</sup> Applicable only if this is a notice to dispute a section 22(4) application.

[Enter Brief Grounds / Reasons for objections]

3. The address to which communications should be sent to  me  the Respondent  a relevant person is:

Enter address here

*(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:* Enter handphone number here

*Email:* Enter contact email address here

5. I understand that after the Notice of Objection has been filed and accepted by the Family Justice Courts, the Notice of Objection is to be served on the Director-General of Social Welfare/ protector, Ministry of Social and Family Development (MSF) and a case conference will be fixed where the Court may give such directions as it deems fit.

Name & Signature: Enter name / Signature

Date of birth (of Respondent): Enter date here

P3. r.48(3) FJ(G)R 2024

## **Notice to Dispute Mental Capacity (VAA)**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

### **NOTICE TO DISPUTE MENTAL CAPACITY UNDER THE VULNERABLE ADULTS ACT 2018**

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant(s)

To: Director-General of Social Welfare/protector

Of Enter 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 [Enter date here] at [Enter address, email etc. (the mode through which the Notice of Application was received)].

2. I, [Enter name] [Enter identification Number], the [Enter 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.

[Enter Facts/Documents in support]

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

*(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:* Enter handphone number

*Email:* Enter contact email address

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: Enter name / Signature

Date of birth (of Respondent): Enter date here

**Notice to Owners of Residence (VAA)****IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE****NOTICE TO OWNERS OF RESIDENCE UNDER  
THE VULNERABLE ADULTS ACT 2018**

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant(s)

To

Enter name of owner

Enter address of residence

**NOTICE** is hereby given that the Director-General of Social Welfare / Protector has commenced an application for an order that the above residence be made a safe living environment and for the disposal of any article or thing in the said residence.

You are required to give notice of any consent or objection to the application within 14 days to the Director-General of Social Welfare / Protector, failing which the Family Justice Courts may proceed to hear and determine the application without further reference to you.

Date: [Enter date here]

## **Application by Parent, Guardian of Child or Young Person (CYPA)**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

**APPLICATION BY  PARENT  GUARDIAN OF CHILD OR YOUNG PERSON  
PURSUANT TO THE CHILDREN AND YOUNG PERSONS ACT 1993**

**IN THE MATTER OF A CHILD OR YOUNG PERSON**

I, [Enter full name as in NRIC/ID No. here] ([Enter NRIC No./ID No here]) 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 1993:

2. Name of Child or Young Person: Enter name of Child/Young Person

BC No. / NRIC No.: Enter BC No./NRIC No. here

Case Number:  CPO  ECPO  BPC  FGO [Enter Case Number here]

Date of Order: Enter date here

3. Provision(s) under which the order(s) is / are applied for<sup>1</sup>:

Section 54(5) – Application for review of determination or variation of determination by Director-General or protector

Section 55(5) – Application for determination of decision by Director-General or protector or care-giver for child or young person under Care and Protection Order

Section 56(10) – Application for variation or discharge of Enhanced Care and Protection Order

Section 56(11) – Application for leave to apply for variation or discharge of Enhanced Care and Protection Order

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<sup>1</sup> Select the applicable option.

- Section 58(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
- Section 59(15) – Application for variation or discharge of Family Guidance Order
- Others – Enter section no. and type of application

4. Reasons in support of application :

Enter reasons here. Please attach Supporting Affidavit / documents, if any.

Name of applicant: Enter name of applicant

Address for service: Enter address for service

E-mail address: Enter email 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: Enter date here



## Notice of Application (Parent, Guardian) (CYPA)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

### NOTICE OF APPLICATION FOR ORDERS PURSUANT TO THE CHILDREN AND YOUNG PERSONS ACT 1993

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant

*Notice is valid only if engrossed with the seal of the Court and signature of the Youth Court Judge*

To Enter Director-General of Social Welfare / name of Protector here

Of Enter address here

**WHEREAS** the Youth Court has made a Select the applicable option<sup>1</sup> 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)<sup>2</sup>:

- Section 54(5) – Application for review of determination or variation of determination by Director-General or protector
- Section 55(5) – Application for determination of decision by Director-General or protector or care-giver for child or young person under Care and Protection Order
- Section 56(10) – Application for variation or discharge of Enhanced Care and Protection Order
- Section 56(11) – Application for leave to apply for variation or discharge of Enhanced Care and Protection Order

<sup>1</sup> The options are: Care and Protection Order / Enhanced Care and Protection Order / Family Guidance Order.

<sup>2</sup> Select the applicable option.

- Section 58(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
- Section 59(15) – Application for variation or discharge of Family Guidance Order
- Others – Enter section no. and type of application

**YOU ARE HEREBY GIVEN NOTICE** of the above application and that you are to appear before the Youth Court [Enter Youth Court number here] at 3 Havelock Square Singapore 059725 on [Enter date here] at [Enter time here, e.g. 10.45]  AM  PM 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.

## **Application by Director-General, Protector, Approved Welfare Officer (CYPA)**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

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

**PURSUANT TO THE CHILDREN AND YOUNG PERSONS ACT 1993**

**IN THE MATTER OF A CHILD OR YOUNG PERSON**

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 1993:

2. Name of Child or Young Person: Enter name of Child/Young Person here  
 BC No. / NRIC No.: Enter BC No./NRIC No. here  
 Order Number:  CPO  ECPO  BPC  FGO [Enter Case Number here]  
 Date of Order: Enter date here
3. Provision(s) under which the order(s) is/are applied for<sup>1</sup>:
- Section 54(7) – Application for order on appropriate fit person or place of safety or place of temporary care and protection after 3 variations
  - Section 54(17) – Application for variation or discharge of Care and Protection Order
  - Section 55(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
  - Section 55(3) – Application for order in respect of making of decisions affecting child or young person under existing Care and Protection Order

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<sup>1</sup> Select the applicable option.

- Section 55(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
- Section 56(10) – Application for variation or discharge of Enhanced Care and Protection Order
- Section 58(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
- Section 59(10) – Application for order on appropriate fit person or place of safety after 3 variations
- Section 59(15) – Application for variation or discharge of Family Guidance Order
- Others – Enter section no. and type of application

4. Reasons in support of application:

Enter reasons here. Please attach Supporting Affidavit / documents, if any.

Name of applicant: Enter name of applicant here

Designation: Enter designation here

Address for service: Enter address for service here

E-mail address: Enter email address here

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: Enter date here

**Notice of Application (Director-General, Protector, Approved Welfare Officer) (CYPA)**

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

**NOTICE OF APPLICATION FOR ORDERS PURSUANT TO  
THE CHILDREN AND YOUNG PERSONS ACT 1993**

IN THE MATTER OF [NAME] [NRIC/FIN/PASSPORT NO.]

[Applicant's Name]

Applicant

*Notice is valid only if engrossed with the seal of the Court and signature of the Youth Court Judge*

To Enter name of parent/ guardian here

Of Enter address here

**WHEREAS** the Youth Court has dealt with / made a Select the applicable option<sup>1</sup> 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)<sup>2</sup>:

- Section 54(7) – Application for order on appropriate fit person or place of safety or place of temporary care and protection after 3 variations
- Section 54(17) – Application for variation or discharge of Care and Protection Order
- Section 55(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
- Section 55(3) – Application for order in respect of making of decisions affecting child or young person under existing Care and Protection Order

<sup>1</sup> The options are: Care and Protection Order / Enhanced Care and Protection Order / Family Guidance Order.

<sup>2</sup> Select the application option.

- Section 55(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
- Section 56(10) – Application for variation or discharge of Enhanced Care and Protection Order
- Section 58(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
- Section 59(10) – Application for order on appropriate fit person or place of safety after 3 variations
- Section 59(15) – Application for variation or discharge of Family Guidance Order
- Others – Enter section no. and type of application

**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 [Enter date here] at [Enter time here, e.g. 10.45]  AM  PM 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.

Para 27(1)(b) PD 2024

## Application for Records of Court Proceedings

|  |   |   |
|--|---|---|
| <b>Name of Applicant / Solicitor's Firm:</b> | Enter name of applicant / solicitor's firm here | <b>Date of Application:</b><br>Enter date here  |
| <b>NRIC/Passport/FIN No.:</b>                | Enter NRIC / Passport / FIN No. here            | <b>Solicitor acting for<sup>1</sup>:</b><br><br><input type="checkbox"/> Complainant / Applicant in Proceedings<br><input type="checkbox"/> Respondent<br><input type="checkbox"/> Others: Please specify here, if applicable |
| <b>Address:</b>                              | Enter address here                              |   |
| <b>File Reference No.:</b>                   | Enter file reference no. here                   |   |
| <b>Email:</b>                                | Enter email here                                |   |
| <b>Telephone No.:</b>                        | Enter telephone no. here                        |   |
| <b>Facsimile No.:</b>                        | Enter facsimile no. here                        |   |

### FAMILY JUSTICE COURTS DOCUMENTS APPLIED FOR

|                                      |                     |
|--------------------------------------|---------------------|
| <b>Case No.:</b>                     | Enter case no. here |
| <i>Name of Parties cited in case</i> |                     |
| <b>Complainant / Applicant:</b>      | Enter name here     |
| <b>Respondent:</b>                   | Enter name here     |
| <b>Court No.:</b>                    | Enter number here   |
| <b>Hearing / Mention date:</b>       | Enter date here     |
| <b>Name of Judicial Officer:</b>     | Enter name here     |
| <b>Other information (if any):</b>   | Enter details here  |

|                                      |   |   |
|--------------------------------------|---|---|
| <b>Type of Document<sup>2</sup>:</b> | <input type="checkbox"/> Complainant / Applicant Form | <input type="checkbox"/> Certified True Copy<br><input type="checkbox"/> Plain Copy |
|--------------------------------------|---|---|

<sup>1</sup> Select where applicable.

<sup>2</sup> Select where applicable.

|                                |  |  |
|--------------------------------|--|--|
|                                | <input type="checkbox"/> Notes of Evidence: Specify hearing date(s)<br><input type="checkbox"/> Court Order No.: Enter court order no. here<br><input type="checkbox"/> Others Specify here if applicable  |  |
| <b>Reasons for application</b> | <input type="checkbox"/> Misplaced Original Copy of the Order / Charge / Others<br><input type="checkbox"/> For reference<br><input type="checkbox"/> To seek legal advice / representation<br><input type="checkbox"/> Others: Specify here if applicable |  |

1. I understand that I am to pay the required fees for the above in accordance with the relevant rules or regulations, as applicable, upon submission of the application form. I also understand that the document(s) applied for can only be collected after the stipulated payment has been made.
2. I also understand that the Court, upon approval of the application, will only release the document(s) applied for to parties named in the action or their solicitors. For proceedings under Vulnerable Adults Act 2018, the documents may also be released to the applicant or a person who had filed a notice of objection or their solicitors.
3. I also understand that my application will be deemed as lapsed if the document(s) applied for is/are not collected within 21 days from the date I am informed on the availability thereof. I also understand that I am required to provide a **Letter of Authorisation** for another person to collect the requested document(s) on my behalf if I am unable to collect them personally.

*Please see Annex A for the collection time, prescribed fees and other information.*

\_\_\_\_\_  
Signature of Applicant

Date: Enter date here

| FOR OFFICIAL USE ONLY  |
|--|
| <p><b>The application is:</b>    <input type="checkbox"/> Approved<br/> <input type="checkbox"/> Not approved. Reasons for rejection: Specify here</p> <p>_____<br/>Signature of Judicial Officer / Authorised Officer<br/>Name: Enter name here</p> |



|  |   |  |
|--|---|--|
| <b>Total fees payable:</b> Enter total fees payable here   | <b>No. of documents collected:</b><br>Enter number here | <b>No. of pages:</b><br>Enter no of pages here |
| <b>Paid on:</b> Enter date here  |   |  |
| <b>Receipt no.:</b> Enter Receipt No.  |   |  |
| <p><b>Document(s) collected by:</b></p><br><p>_____</p> <p>Signature of Collector</p> <p>Name: Enter name of collector here</p> <p>NRIC/Passport/ FIN No.: Enter NRIC/Passport/FIN No. here</p> <p>Date: Enter date here</p> |   |  |

## Annex A

### **Collection Time: Mondays to Fridays – 9.00 am to 1.00pm & 2.00pm to 5.00pm**

1. All requests for copies of the records of any court proceedings are subject to the approval of the court.
2. Once the request has been approved and the applicant has been informed on the availability of the requested document(s) and the cost (where applicable), the said documents will be available for collection for a period of 21 days. Any document(s) not collected within the stipulated period will be destroyed and a fresh request must be submitted thereafter if the applicant still requires the document(s).
3. An application for copies of the records of any court proceedings will only be processed after the stipulated payment has been made.

### **Prescribed Fees**

4. The fees payable are as follows:

| <b>Document Type</b>   | <b>Fee Amount</b>   | <b>Remarks</b>   |
|--|---|--|
| <ul style="list-style-type: none"><li>• Complaint/Application Form;</li><li>• Notes of Evidence;</li><li>• Judgement;</li><li>• Court Orders &amp; other documents (<b>plain copies</b>) for maintenance (MSS), family violence (SS) and Vulnerable Adults Act 2018 (VAA) Proceedings in non-appeal cases</li></ul>          | \$5 for each type of document requested in the application and \$0.50* per page thereof, subject to a minimum of \$15 per document. | Minimum of \$15 (per document) payable upon Application<br><i>*Any additional amount (based on number of pages) may be payable before collection of the document(s).</i> |
| <ul style="list-style-type: none"><li>• Complaint/Application Form;</li><li>• Notes of Evidence;</li><li>• Judgement;</li><li>• Court Orders &amp; other documents (<b>certified true copies</b>) for maintenance (MSS), family violence (SS) and Vulnerable Adults Act 2018 (VAA) Proceedings in non-appeal cases</li></ul> | \$8 plus \$5* per page  | <i>*Any additional amount (based on number of pages) may be payable before collection of the document(s).</i>  |
| <ul style="list-style-type: none"><li>• Notes of Evidence &amp; other documents (<b>plain copies</b>) for Care &amp; Protection Orders (CPO), Enhanced CPO and Family Guidance/Beyond Parental Control Proceedings in Youth Courts in non-appeal cases</li></ul>   | \$5 for each type of document requested in the application and \$0.50* per page thereof, subject to a minimum of \$15 per document. | Minimum of \$15 (per document) payable upon Application<br><i>*Any additional amount (based on number of pages) may be payable before</i>                                |

|  |                        |   |
|--|------------------------|---|
|  |                        | <i>collection of the document(s).</i>   |
| <ul style="list-style-type: none"> <li>• Complaint/Application Form;</li> <li>• Notes of Evidence &amp; other documents (<b>certified true copies</b>) for Care &amp; Protection Orders (CPO), Enhanced CPO and Family Guidance/Beyond Parental Control Proceedings in Youth Courts in non-appeal cases</li> </ul> | \$8 plus \$5* per page | <i>*Any additional amount (based on number of pages) may be payable before collection of the document(s).</i> |

### **Refund of Fees Paid**

5. A refund of the minimum fee already collected will only be made by directly crediting the applicant's bank account. The applicant is required to furnish the bank details and a copy of his/her NRIC or Passport.

### **Payment Modes**

6. Local Applicants:  
PayNow, NETS, NETS Flashpay, or Cash
7. Overseas Applicants:  
Bank Draft in Singapore Currency (payable to "Registrar Supreme Court/AG")  
Payment should also include all bank charges.

### **Contact Us**

For enquiries pertaining to family & youth matters, please email to us at [FJCourts\\_MAINTPOS@judiciary.gov.sg](mailto:FJCourts_MAINTPOS@judiciary.gov.sg) or contact us at (65) 6435 5471.

## Notification of Appearance by Advocates / Prosecutors

|   |                          |
|---|--------------------------|
| <b>FAMILY JUSTICE COURTS – COURT NO:</b> Enter Court No. here   |                          |
| <b>Case No.:</b>  | Enter case no. here      |
| <b>Advocate's Name /<br/>Prosecutor's Name:</b>   | Enter name here          |
| <b>Advocate's Firm /<br/>Prosecutor's Department:</b>   | Enter firm / dept here   |
| <b>Telephone No.:</b>   | Enter number here        |
| <b>Email Address:</b>   | Enter email address here |
| <b>Fax No.:</b>   | Enter number here        |
| <b>Name of <input type="checkbox"/> Party / <input type="checkbox"/> Youth being<br/>represented:</b> | Enter name here          |