17B.

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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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete: | If you are asking for: | | | |
| Child(ren) orders | Division of assets | Maintenance of child(ren) | Maintenance of wife / incapacitated husband |
| Section A | Checkmark | Checkmark | Checkmark | Checkmark |
| Section 1 | Checkmark | Checkmark | Checkmark | Checkmark |
| Section 2 | Checkmark |  | Checkmark |  |
| Section 3 |  | Checkmark |  |  |
| Section 4 |  |  | Checkmark |  |
| Section 5 |  |  |  | Checkmark |
| Section 6 | Checkmark | Checkmark | Checkmark | Checkmark |
|  | If you are seeking for orders relating to all of the above, please complete **all** 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  No. FC/OA [number]/[year]  Sub Case No. [number]/[year][[1]](#footnote-1) | Between  [Applicant’s name]  [ID No.]  … Applicant(s)  And  [Respondent’s name]  [ID No.]  … Respondent(s) |

**Binding Summary of Positions (“SOPO”) (Simplified)**

|  |  |
| --- | --- |
|  | **Version:**  **Original  Revised with Court’s approval dated:** Enter date here. |
| **Case number:  FC  HCFD / OAD Enter case number here** | **Parties’ positions as of** Enter date here. |

### 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** |
|  | First Ancillary Affidavit | Enter date here. | HAA1 | Enter date here. | WAA1 |
|  | Second Ancillary Affidavit | Enter date here. | HAA2 | Enter date here. | WAA2 |
|  | Disclosure Affidavit | Enter date here. | HDA1 | Enter date here. | WDA1 |
|  | Core Bundle Document | Enter date here. | HCB | Enter date here. | WCB |
|  | 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**  *(Use this column to identify the evidence in Ancillary Affidavits, Core Bundle and Written Submissions)* |
|  | **Length of Marriage up to**  **date of interim judgment**  **date of judgement of judicial separation**  **date of divorce / nullity / judicial separation.** | *[HAA1 / WAA1: Section 4, qn. 1]* | |  |
|  | **Date of Interim Judgment**  **Judicial Separation / Foreign divorce / Syariah Court divorce (“Dissolution”)** | *[HAA1 / WAA1: Section 4, qn. 2]* | |  |
| 2a. | **Date / Period when the marriage broke down** | *[HAA1 / WAA1: Section 4, qn. 3]* | *[HAA1 / WAA1: Section 4, qn. 3]* |  |
|  | **Current age of parties** | *Party’s input* | *Party’s input* |  |
|  | **Educational / Professional qualifications where applicable** | *[HAA1: Section 4, qn. 5]* | *[WAA1: Section 4, qn. 5]* |  |
|  | **Occupation** | *[HAA1: Section 5, qn.2 / 3 and 4]* | *[WAA1: Section 5, qn.2 / 3 and 4]* |  |
|  | **Monthly Income**  **(based on average annual income of SGD \_\_\_\_ including bonuses based on latest Notice of Assessment)** | *[HAA1: Section 6 Monthly Total]*  Gross:  Nett: | *[WAA1: Section 6 Monthly Total]*  Gross:  Nett: | *HAA1: Section 16 Table 16-1, items [9], [10], [11], [12], [13], [14].*  *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**  *(this calendar year)* | **Remarks**  *(include educational / professional qualifications where applicable)* |
| *[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 Name]* | *[HAA1 / WAA1: Annex 2 Table 2-1 / 2-2 DOB]* | *[Auto-calculate based on DOB]* | *[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]*  *Documents: Section 16 Table 16-1 Items [7], [8]* |
|  |  |  |  |
|  |  |  |  |

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:  All children  Child: Party’s input | | | |
| **Husband’s Position** | | **Wife’s Position** | |
|  | **Position on custody, care and control and access** | Enter brief details here  *[HAA1: Section 14 1(d)]* | | Enter brief details here  *[WAA1: Section 14 1(d)]* | |
| **Details of proposed future arrangements** | | | | | |
|  |  | **Husband’s position** | **W’s views on H’s position**:  *(Agree / Disagree. State briefly in point form)* | **Wife’s position** | **H’s views on W’s position**:  *(Agree / Disagree. State briefly in point form)* |
| 2. | State who the child(ren) will live with in future: | Enter brief details here  *[HAA1: Section 13 Table 13-1 (h)]* | State your view.  Enter brief reasons here | Enter brief details here  *[WAA1: Section 13 Table 13-1 (h)]* | State your view.  Enter brief reasons here |
| 3. | Provide brief details of this arrangement: | Enter brief details here  *[HAA1: Section 13 Table 13-1 (i)]* | State your view.  Enter brief reasons here | Enter brief details here  *[WAA1: Section 13 Table 13-1 (i)]* | State your view.  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):  Provide details such as frequency and length of contact. | Enter brief details here  *[HAA1: Section 13 Table 13-1 (j)]* | State your view.  Enter brief reasons here | Enter brief details here  *[WAA1: Section 13 Table 13-1 (j)]* | State your view.  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.*

*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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | H’s Position | | | W’s Position | | |
| S/N | Asset  *(with related liability)* | 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 |
|  | *For e.g. Property ABC (with outstanding mortgage)*  *[HAA1 / WAA1: Section 8 Part A if indicated as a joint asset]* | *Gross value: [HAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]*  *Outstanding mortgage: [HAA1: Section 8: outstanding mortgage]*  *NET VALUE: [Gross value LESS Outstanding mortgage]*  *As at: [Date of HAA1]* | *CPF*  *Principal:*  *Interest:*  *Total:* | pg x | *Gross value: [WAA1: Section 8: market value: input in A (Purchase price) or B (Estimated market value)]*  *Outstanding mortgage: [WAA1: Section 8: outstanding mortgage]*  *NET VALUE: [Gross value LESS Outstanding mortgage]*  *As at: [Date of WAA1]* | *CPF*  *Principal:*  *Interest:*  *Total:* | pg x |
| *Cash* | *Cash* |
|  | *Other financial contributions to this asset (renovations, furniture)* | 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** | |  |
| **H’s Value** | **Pg Ref in Affidavits and WS** | **W’s Value** | **Pg Ref in Affidavits and WS** | **H’s value** | **W’s value** | **Pg Ref in Affidavits and WS** |
| Bank account(s) *[HAA1 / WAA1: Section 8: Part B]* | | | | | | | |
|  | *Bank:*  *Number:* | pg x | *Bank:*  *Number:* | pg x | *Bank:*  *Number:* | | H: pg x  W: pg x |
| *Balance: [HAA1: Section 8: Part B: Table 8-2]*  *As at: [HAA1: Section 8: Part B: Table 8-2: date indicated]* | *Balance: [WAA1: Section 8: Part B: Table 8-2]*  *As at: [WAA1: Section 8: Part B: Table 8-2: date indicated]* | *Balance: [HAA1: Section 8: Part B: Table 8-2]*  *As at: [HAA1: Section 8: Part B: Table 8-2: date indicated]* | *Balance: [WAA1: Section 8: Part B: Table 8-2]*  *As at: [WAA1: Section 8: Part B: Table 8-2: date indicated]* |
| CPF account *[HAA1 / WAA1: Section 8: Part C]* | | | | | | | |
|  | *Ordinary Account:*  *Special Account:*  *Medisave Account:*  *Retirement Account:*  *Total: [HAA1: Section 8: Part C: Table 8-3]*  *As at: [HAA1: Section 8: Part C: date indicated]* | pg x | *Ordinary Account:*  *Special Account:*  *Medisave Account:*  *Retirement Account:*  *Total: [WAA1: Section 8: Part C: Table 8-3]*  *As at: [WAA1: Section 8: Part C: date indicated]* | pg x |  | |  |
| Stocks and Shares *[HAA1 / WAA1: Section 8: Part D]* | | | | | | | |
|  | *Name:* | pg x | *Name:* | pg x |  | |  |
| *Value: [HAA1: Section 8: Part D: Table 8-5]*  *As at: [HAA1: Section 8: Part D: date indicated]* | *Value: [WAA1: Section 8: Part D: Table 8-5]*  *As at: [WAA1: Section 8: Part D: date indicated]* |  |  |  |
| Insurance policies *[HAA1 / WAA1: Section 8: Part E]* | | | | | | | |
| 6. | *Insurer:*  *Policy Number:* | pg x | *Insurer:*  *Policy Number:* | pg x |  | |  |
| *Surrender value: [HAA1: Section 8: Part E: Table 8-6]*  *As at: [HAA1: Section 8: Part E: date indicated]* | *Surrender value: [WAA1: Section 8: Part E: Table 8-6]*  *As at: [WAA1: Section 8: Part E: date indicated]* |  |  |  |
| Motor Vehicles *[HAA1 / WAA1: Section 8: Part F]* | | | | | | | |
| 7. | *Vehicle number:* | pg x | *Vehicle number:* | pg x |  | |  |
| *Value: [HAA1: Section 8: Part F: Table 8-7]*  *As at: [HAA1: Section 8: Part F: date indicated]* | *Value: [WAA1: Section 8: Part F: Table 8-7]*  *As at: [WAA1: Section 8: Part F: date indicated]* |  | |  |
| Other valuables *[HAA1 / WAA1: Section 8: Part G]* | | | | | | | |
| 8. | *Item description:* | pg x | *Item description:* | pg x |  | |  |
| *Value: [HAA1: Section 8: Part G: Table 8-8]*  *As at: [HAA1: Section 8: Part G: date indicated]* | *Value: [WAA1: Section 8: Part G: Table 8-8]*  *As at: [WAA1: Section 8: Part G: date indicated]* |  | |  |
|  | **Total value of H’s assets:**  Party’s input |  | **Total value of W’s assets:**  Party’s input |  | **Total value of joint assets:** | |  |

3c. Proposed structured approach ratios

*State the proposed ratios, if applicable.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Husband’s Position | | Wife’s Position | |
|  | Husband | Wife | Husband | Wife |
| 1. Direct Contributions | *For e.g.* 20% | *For e.g.* 80% | *For e.g.* 0% | *For e.g.* 100% |
| 1. Indirect Contributions | *For e.g.* 80% | *For e.g.* 20% | *For e.g.* 50% | *For e.g.* 50% |
| 1. Average Ratio | *For e.g.* 50% | *For e.g.* 50% | *For e.g.* 25% | *For e.g.* 75% |
| 1. Final Ratio   *(inclusive of adjustment or changes due to weightage, if any)* | *For e.g.* 60% | *For e.g.* 40% | *For e.g.* 25% | *For e.g.* 75% |
| 1. 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  Indirect Contribution weightage: Party’s input | | Direction Contribution weightage: Party’s input  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

|  |  |
| --- | --- |
|  | Husband’s position on maintenance for the children |
|  | *[HAA1: Section 14, item C]* |
|  | Wife’s position on maintenance for the children |
|  | *[WAA1: Section 14: Item C]* |

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:  Enter name of child here. | | Name of child:  Enter name of child here. | |  | |
| **S/N** | **Items** | **Husband’s Estimate** | **Wife’s Estimate** | **Husband’s Estimate** | **Wife’s Estimate** | H objects in principle  If H thinks that W should not incur this expense, check the box and explain. | W objects in principle  If W thinks that H should not incur this expense, check the box and explain. |
|  | Food  (including milk) | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Transport | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Mobile phone charges | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Pocket money | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | School fees | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enrichment fees | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Extracurricular expenses | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Schoolbooks, school uniform | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Insurance premiums | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | TOTAL | 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 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.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ensure that all items in both parties’ ancillary affidavits are stated without duplication** | | | | | |
| **S/N** | **Items** | **H’s monthly estimate**  **(in SGD)** | **W’s monthly estimate (in SGD)** | **H objects in principle**  **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.** | **W objects in principle**  **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.** |
|  | Food | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Transport / Fuel expenses | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Utilities | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Telephone, Internet, Cable TV charges | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Medical expenses | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Rent | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Insurance premiums | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Payment of debts | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Maintenance | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Tax payments | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Financial provision for:   |  | | --- | | Enter name of person here. | | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | Enter details here. | **$** Enter amount here. | **$** Enter amount here. | Enter remarks here. | Enter remarks here. |
|  | TOTAL | 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. |  | Signature  Name of Respondent: Enter name here. |
| Date: Enter date here. |  | Date: Enter date here. |

1. To insert sub-case details if relevant. [↑](#footnote-ref-1)