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P.3, r.19 FJ(G)R 2024

Para 35(1) PD 2024

**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**

|  |  |
| --- | --- |
| **Full name:** | Enter name here |
| **NRIC/ Passport No.:** | Enter NRIC/Passport No. here |
| **Email address:**  *Please note that this is the email address which will be used to: (i) receive subsequent court notifications, and (ii) as the address for the respondent to send relevant documents in these proceedings.* | Enter email address here |
| **Highest Educational qualification(s):** | Enter highest educational qualification(s) here |
| **Physical/mental disability or illness \*:**  *(\*This* ***only applies*** *for incapacitated husbands claiming for maintenance for themselves)* | No  If no, please proceed to Section 2.  Yes  If yes, please proceed to fill in the row below. |
| **Details of physical/mental disability or illness:**  *Please state the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood.*  *Please also provide a report prepared by a registered medical practitioner 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.* | Enter the nature of the physical or mental disability or illness causing you to be incapacitated from earning a livelihood. |

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| **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 1 Documents*”.  Report relating to my physical or mental disability or illness causing me to be incapacitated from earning a livelihood |

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| [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**

|  |  |
| --- | --- |
| **If you are married to the respondent, is the Marriage a Muslim Marriage?**  *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.* | Yes.  No. |
| **Are there currently any divorce proceedings in the Family Court or the Syariah Court?** | Yes.  If Yes, please provide:   1. Case No: Enter Case no. here 2. Court: Enter type of Court here 3. Date of application: Enter date of application here 4. Next Case Conference/Hearing Date (if any): Enter next Case Conference/ Hearing date here     No. |
| **Has there been an order dissolving the marriage?**  *Please provide the relevant court order(s) where applicable.* | Yes. [Enter type of order] was granted on [Enter date of order].  No.  Not applicable |
| **Are there any children to the marriage?** | Yes.  If Yes, please provide:   1. No. of children: Enter no. of children here 2. Name / Age of child(ren):  | **Name**[[1]](#footnote-1) | **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 |   No. |

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| **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 2 Documents*”.  Marriage Certificate  Court Order(s) dissolving the Marriage  Birth Certificate(s) of Children |

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| [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: Claim for Maintenance**

|  |  |
| --- | --- |
| **Who are you claiming maintenance for?**  *\*For the purposes of this application, where applicable, an application 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).* | For myself only; or  For my child(ren)\* only; or  For myself and my child(ren)\*. |
| **If you are:**  **(i)  making a claim for your child(ren); and**  **(ii) wish for such maintenance order to extend beyond the age of 21 years old,**  **please indicate the relevant special circumstances here.**  *Please note: If the child(ren) are already above 21 years old at the time of the application, and are able to make such application by themselves, they are required to make a separate application on their own.)* | mental or physical disability; or  serving full-time national service; or  receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or  other special circumstances (please state): Enter details of special circumstances here |
| **If you are a child above 21 claiming for maintenance against your parent or a person who has accepted you as a member of the family, please state brief reasons for making such an application** | serving full-time national service; or  receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or  other special circumstances (please state): Enter details of special circumstances here |
| **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 has accepted the child(ren) as a member of the family**    **(Please see Section 70 of the Women’s Charter 1961)** | Enter reasons here. |
| **I am making the following claim(s) for maintenance.**  *Please fill in the appropriate sections for your claim(s).*  *You do not have to fill up all the sections.*  *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.*  *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.* | Lump Sum Maintenance  I am asking for a lump sum payment of S$[Enter amount here]  Fixed Monthly Maintenance  I am asking for fixed monthly maintenance of S$ [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.  I am seeking for maintenance for (i) my child(ren) or (ii) myself and my child(ren)   |  |  |  | | --- | --- | --- | | **S/N** | **Recipient**[[2]](#footnote-2) | **Monthly**  **Amount (S$)** | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | | **Total** | | Enter total amount here |   Maintenance for specific expenses  I am asking for maintenance of the specific expenses:  (*e.g. medical, dental reimbursement)*   |  |  |  | | --- | --- | --- | | **S/N** | **Item of Expense**[[3]](#footnote-3) | **Monthly**  **Amount (S$) / % Reimbursement** | |  | Enter item of expense here | Enter details here | |  | Enter item of expense here | Enter details here | |  | Enter item of expense here | Enter details here | |  | Enter item of expense here | Enter details here | |  | Enter item of expense here | Enter details here | | **Total** | | Enter total amount here | |
| **My maintenance should be paid into the following bank account:** | |  |  | | --- | --- | | Name of Bank: | Enter name of bank here. | | Account Number: | Enter account number here | |
| **The Respondent has been paying for some expenses:**  *Please provide the relevant supporting documents of such payments where applicable.* | The Respondent has been making the following payments: *(e.g. allowance, utilities, mortgage etc.)*   |  |  |  | | --- | --- | --- | | **S/N** | **Type of Expenses[[4]](#footnote-4)** | **Monthly**  **Amount (S$)** | |  | Enter item of expense here | Enter amount here | |  | Enter item of expense here | Enter amount here | |  | Enter item of expense here | Enter amount here | |  | Enter item of expense here | Enter amount here | |  | Enter item of expense here | Enter amount here | | **Total** | | Enter total amount here | |

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| **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*”.  Evidence of the Respondent’s contribution to maintenance (i.e. transfer receipts, payment receipts etc. |

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| [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**

|  |  |
| --- | --- |
| **Occupation**  *If you are presently unemployed, please state (i) when you were last employed and (ii) the job that you were previously in.*  *Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.)* | Enter occupation here. |
| **Working Full Time / Part Time** | Full Time  Part Time |
| **Monthly income**  *If you are presently unemployed, please state last drawn salary.*  *Please provide the following: (i) payslips for the last 6 months, and (ii) CPF statements for the past 6 months.* | Enter monthly income here |
| **Annual income**  *Please provide your IRAS Notice of Assessment for the past 3 years.* | Enter annual income here |
| **Other sources of income**  *(e.g. investment, shares, bonds, rental, commissions, interest)*  *Please provide all relevant supporting documents to show such other income.* | I do not have other sources of income.  I have other sources of income. These are:   | **S/N** | **Type of Income**[[5]](#footnote-5) | **Monthly**  **Amount (S$)** | | --- | --- | --- | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | | **Total** | | Enter total amount here | |
| **Are you on any social welfare or financial assistance scheme?**  *Please provide all relevant supporting documents to show proof.* | Yes.  If Yes, please provide details on:   | **S/N** | **Type of Welfare / Financial Assistance**[[6]](#footnote-6) | **Monthly**  **Amount (S$)** | | --- | --- | --- | | 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 | | **Total** | | Enter total amount here |   No. |

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| **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.)  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 |

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| [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**

|  |
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| **I have the following assets:** |
| 1. *Please tick the appropriate checkboxes.* 2. *Please also indicate assets* ***jointly owned with others****.* 3. *Please also indicate assets* ***located in Singapore and overseas****.* 4. *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**[[7]](#footnote-7) | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | HDB Flat. No. of rooms: Enter no. here    Executive Condominium  Private Apartment  Landed House  Others: Enter type of property here | Enter amount / value here |
|  | HDB Flat. No. of rooms: Enter no. here  Executive Condominium  Private Apartment  Landed House  Others: Enter type of property here | Enter amount / value here |

**SECURITIES (e.g., shares, bonds)**

I own the following securities:

| **S/N** | **Type of Securities**[[8]](#footnote-8) | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | Enter type of securities here | Enter amount / value here |
|  | Enter type of securities here | Enter amount / value here |
|  | Enter type of securities here | Enter amount / value here |

**BANK ACCOUNTS**

I own the following bank account(s):

| **S/N** | **Type of Bank Account**[[9]](#footnote-9) | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | Bank: Enter name of bank here  Type: Enter type of bank account here  Account No: Enter bank account no. here | Enter amount / value here |
|  | Bank: Enter name of bank here  Type: Enter type of bank account here  Account No: Enter bank account no. here | Enter amount / value here |
|  | Bank: Enter name of bank here  Type: Enter type of bank account here  Account No: Enter bank account no. here | Enter amount / value here |
|  | Bank: Enter name of bank here  Type: Enter type of bank account here  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**[[10]](#footnote-10) | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | Type: Enter type of vehicle here  Year of purchase: Enter year of purchase here  Brand/Model: Enter brand/model here  Registration Number: Enter registration number here | Enter amount / value here |
|  | Type: Enter type of vehicle here  Year of purchase: Enter year of purchase here  Brand/Model: Enter brand/model here  Registration Number: Enter registration number here | Enter amount / value here |

**OTHER ASSETS**

I own the following asset(s):

| **S/N** | **Type of Asset**[[11]](#footnote-11)  **(this includes any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs)** | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | Enter type of asset here | Enter amount / value here |
|  | Enter type of asset here | Enter amount / value here |
|  | Enter type of asset here | Enter amount / value here |
|  | Enter type of asset here | Enter amount / value here |
|  | Enter type of asset here | Enter amount / value here |

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| **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 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) |

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| [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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities / Debts**[[12]](#footnote-12) | **Amount** | **Details (*e.g.* monthly repayment amount, when liability ends)** | **Document(s) I am providing** |
| 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) | | | |

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| [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**[[13]](#footnote-13) | | | | **Amount per month (S$)**  *Please put a dash (“-“) for items which are not applicable* |
| --- | --- | --- | --- | --- |
| *Housing Expenses* | | | | |
| 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  *Please specify.* | | | 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 |
| *Food / Groceries* | | | | |
| Food | | | | Enter amount here |
| Groceries | | | | Enter amount here |
| Dining Out | | | | Enter amount here |
| *Public Transport* | | | | |
| Taxi / Private Hire | | | | Enter amount here |
| Bus / MRT | | | | Enter amount here |
| Concession Passes | | | | Enter amount here |
| *Private Transport* | | | | |
| 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 |
| *Medical / Dental / Insurance* | | | | |
| Medical | | | | Enter amount here |
| Dental | | | | Enter amount here |
| Personal Insurance(s)  (including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) | | | | Enter amount here |
| *Personal Expenses* | | | | |
| 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 |

|  |  |
| --- | --- |
| *Others* | |
| 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 |
| *Total* | |
| **Total** | Enter total amount here |

**CHILD(REN) EXPENSES (IF APPLICABLE)**

| **Type of Expense**[[14]](#footnote-14) | | | **Amount per month (S$)**  *Please put a dash (“-“) for items which are not applicable.* |
| --- | --- | --- | --- |
| *Food / Groceries* | | | |
| Food | | | Enter amount here |
| Groceries | | | Enter amount here |
| Dining Out | | | Enter amount here |
| *Transport* | | | |
| Taxi / Private Hire | | | Enter amount here |
| Bus / MRT | | | Enter amount here |
| Concession Passes | | | Enter amount here |
| Medical / Dental / Insurance | | | |
| Medical | | | Enter amount here |
| Dental | | | Enter amount here |
| Personal Insurance  (including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance.) | | | Enter amount here |
| *School-related expenses* | | | |
| 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 |
| *Childcare expenses* | | | |
| Childcare fees | | | Enter amount here |
| Student Care fees | | | Enter amount here |
| After School Care fees | | | Enter amount here |
| *Personal Expenses* | | | |
| 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 |
| *Others* | | | |
| 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 |
| *Total* | | |  |
| **Total** | | | Enter total amount here |

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| **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 |

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| [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**

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| **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 |

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| **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 |

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| [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[[15]](#footnote-15) together with this Statement.

1. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-1)
2. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-2)
3. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-3)
4. If there is additional information which requires more rows, please include such additional information in Section 8.

   [↑](#footnote-ref-4)
5. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-5)
6. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-6)
7. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-7)
8. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-8)
9. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-9)
10. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-10)
11. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-11)
12. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-12)
13. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-13)
14. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-14)
15. The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024. [↑](#footnote-ref-15)