# 28D.

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

Para 35(1) PD 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*](https://ifams.gov.sg) *using your Singpass.*

### Section 1: Personal Particulars

|  |  |
| --- | --- |
| **Full name:** | Enter name here |
| **NRIC/ Passport No.:** | Enter NRIC/Passport No. here |
| **Relationship to the Applicant:** | He/She is my: Enter relationship to the applicant here |
| **Residential Address:**  *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.* | Enter residential address here  Please tick this box if you wish to keep your residential address confidential. |
| **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 applicant to send relevant documents in these proceedings.* | Enter email address here |
| **Mobile No.:** | Enter mobile number here  Please tick this box if you wish to keep your mobile number confidential. |
| **Highest educational qualification(s):** | Enter highest educational qualification(s) here |
| **Are there other personal circumstances which you wish to highlight to the Court?**  *For example, health issues, special needs etc.*  *Please provide the relevant supporting documents where necessary.* | Enter details 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 “*Respondent’s Section 1 Documents*”.  Supporting documents on personal circumstances which I wish to highlight to the Court. |

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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

|  |  |
| --- | --- |
| **Are you married to the Applicant?** | Yes.  No.  Previously married, but now divorced. |
| **If yes, 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. |
| **If previously married but now divorced, please give details of such an order dissolving the marriage.**  *Please provide the relevant court order(s) where applicable.* | [Enter type of order] was granted on [Enter date of order]. |
| **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 children:  | **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 “*Respondent’s Section 2 Documents*”.  Court Order(s) dissolving the Marriage |

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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: Response to Maintenance Claim

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| **What is my response?**  *Please tick the correct checkbox(es).* | *[If the maintenance claim is for the Applicant OR child(ren) only]*  I am consenting to the application in full.  I am prepared to consent to the application on a different amount or terms.  I disagree with the application, as I have already been providing reasonable maintenance.  *[If the maintenance claim is for the Applicant AND child(ren) only]*  I am consenting to the application in full.  I am willing to consent to the maintenance claim in full for the Applicant, but not the child(ren).  I am willing to consent to the maintenance claim in full for the child(ren), but not the Applicant.  I am prepared to consent to the application on a different amount or terms.  I disagree with the application, as I have already been providing reasonable maintenance. |
| **Maintenance Proposal:**  *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.* | Fixed monthly payments   |  |  |  | | --- | --- | --- | | **S/N** | **Recipient**[[2]](#footnote-2) | **Monthly**  **Amount (S$)** | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | |  | Enter name of recipient here | Enter amount here | | **Total** | | Enter total amount here |   Such payment is to be made on the [Enter date of payment here] of the month.  Payment of specific expenses   |  |  |  | | --- | --- | --- | | **S/N** | **Item of Expense**[[3]](#footnote-3) | **Monthly**  **Amount (S$) / % 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 | |
| **Expenses paid by the Respondent:**  *Please provide the relevant supporting documents of such payments where applicable.* | *Please state the expenses you have been making for the Applicant and/or the children (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 “*Respondent’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

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| --- | --- |
| **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**[[5]](#footnote-5)  *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**[[6]](#footnote-6) | **Monthly**  **Amount (S$)** | | --- | --- | --- | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | | **Total** | | Enter total amount here | |
| **Are you on any social welfare or financial assistance scheme?**  *Please provide all relevant supporting documents to show proof of the above.* | Yes.  If Yes, please provide details on:   | **S/N** | **Type of Welfare / Financial Assistance**[[7]](#footnote-7) | **Monthly**  **Amount (S$)** | | --- | --- | --- | | 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 “*Respondent’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 |

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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(s):

| **S/N** | **Type of Property**[[8]](#footnote-8) | **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**[[9]](#footnote-9) | **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**[[10]](#footnote-10) | **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**[[11]](#footnote-11) | **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**[[12]](#footnote-12)  **(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 “*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) |

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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**[[13]](#footnote-13) | **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 |

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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 “*Respondent’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**[[14]](#footnote-14) | | | | **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**[[15]](#footnote-15) | | | **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 “*Respondent’s Section 7 Documents*”.  Documents and receipts showing proof of personal expenses  Documents and receipts showing proof of children’s 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 “*Respondent’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[[16]](#footnote-16) 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. E.g. investment, shares, bonds, rental, commissions, interest. [↑](#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. If there is additional information which requires more rows, please include such additional information in Section 8. [↑](#footnote-ref-15)
16. The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024. [↑](#footnote-ref-16)