56A.

E-FORM

P.5, r.15 FJ(G)R 2024

**Summons for ☐ Spouse ☐ Child(ren) Maintenance (New orders only)**

1. This Form is only used if you have court proceedings in the Family Justice Courts relating to the same spouse / child(ren) for any of these matters:

(a) Divorce;

(b) Nullity;

(c) Judicial separation;

(d) Financial relief after foreign divorce.

2. This Form is used to seek the following orders:

(a) interim maintenance for spouse

(b) interim maintenance for child(ren) *(without seeking custody, care and control, access orders).*

(c) combination of (a) and (b)

3. Do NOT use this Form in the following situations:

|  |  |
| --- | --- |
| If you are applying for: | Use instead: |
| Maintenance order(s) but **do not** have proceedings in the Family Justice Courts for:   * Divorce; * Nullity; * Judicial Separation; or * Financial relief after foreign divorce. | Maintenance Complaint Form (Form 23A) |

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 Summons, will be generated in accordance with the layout of the generated Summons (Form 67).

**Section 1: My Application**

|  |  |  |
| --- | --- | --- |
| **The Parties** | |  |
| A. | 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. | *If you are filing this application as a summons, refer to the main case for your party type.* |
| B. | This summons is filed against   |  |  | | --- | --- | | ☐ | the Applicant | | ☐ | the Respondent | | ☐ | Enter name or party type here. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part A** | | | | |
| To complete this Part, some commonly used orders (pre-populated orders) are provided for your selection. Select these orders ONLY if these are completely in line with your claim. If you select the pre-populated orders, the prayers will be auto-generated for your consideration. You may edit prior to submission to the Court.    If the pre-populated orders are not suitable, you may state your prayers in the free-text boxes. You may refer to the Family Orders Guide for other types of orders. | | | | |
| **New orders you are seeking in this application:** | | | | |
| 1. | **☐ Maintenance for spouse** | | | |
|  | ***Pre-populated order(s)*** | | | |
| 1a. | ☐ Monthly maintenance   |  |  |  | | --- | --- | --- | | Which party is to pay maintenance? | Which party is the maintenance for? | Monthly amount to be paid | | ☐ Applicant  ☐ Respondent | ☐ Applicant  ☐ Respondent | Enter amount here. |   1st payment date: Enter date here.  Recurring payment date: Enter date here. | | | |
| 1b. | ☐ Payment to the party’s bank account   |  |  |  | | --- | --- | --- | | Whose bank account? | Which bank? | Account number | | ☐ Applicant  ☐ Respondent | Enter name of bank here. | Enter bank account number here. | | | | |
| 1c. | There shall be no maintenance for the  Applicant  Respondent. | | | |
| 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: There shall be no maintenance for the Respondent (instead of “my spouse”).* |
|  |  |  | | |
| 2. | **☐ Maintenance for Child(ren)** | | | |
|  | ***Pre-populated order(s)*** | | | |
| 2a. | ☐ Monthly maintenance   |  |  |  | | --- | --- | --- | | Which parent is to pay maintenance? | Which child(ren) is the maintenance for? | Monthly amount to be paid | | ☐ Applicant  ☐ Respondent | Each child  The child  The children | Enter amount here. |   1st 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 | | ☐ Applicant  ☐ Respondent | Enter name of bank here. | Enter bank account number here. | | | | |
| 2c. | ***Other Order(s)***  Enter your own orders below.   |  | | --- | | Enter details 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.* |
|  |  | |  | |
| **Part B: Others** | | | | |
| If you are seeking any other relief(s), state them below. | | | | |
| 3. | State the relief sought here. | | | |

|  |  |  |
| --- | --- | --- |
| **Part C: Costs** | | |
| 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.* |
| **The reasons for this summons are stated in the supporting affidavit.** | | |

**Affidavit**

Please complete all questions and details in Sections 1 to 7 unless otherwise stated.

The relevant exhibits and supporting documents are to be included at Section 8.

**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. | | *Notes*  *You may refer to the Originating Application (“OA”) for your party type.*  *Please state the OA case number i.e. FC/OAD 1/2022 and not the sub-case number.* | |
| 1b. | This affidavit is in support of the summons. | | | |
| 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. | | | |
| 1d. | I am applying for: *(Select your application)* | | | |
|  | | | |
| ☐ Interim maintenance | ☐ for myself as the ex-spouse / spouse only. | | Proceed to Section 2. |
| ☐ for myself and the following child(ren): Enter child(ren) name(s) here.  ☐ for the following child(ren): Enter child(ren) name(s) here. | | Complete question (1e). |
|  |  | | | |
| 1e. | **Child(ren) details** | | | |
| Use the child(ren)’s information in  ☐the 1st Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  ☐ Not Applicable. *Please complete* [*Annex A*](file:///C:\Users\fasyt\Desktop\Germaine\1.%20Projects\Practice%20Directions%20(PD)\R3%20PD\Forms%20Harmonisation%20Exercise\R3%20PD%20Forms\Sent%20on%2027%20Aug%202024%20(Full%20+%20PD%20references)\FJCPD2024-Appendix%20A%20Vol%202.docx#_Annex_A:_Child(ren)) *for every child stated here.* | | | |

*Proceed to* ***Section 2****.*

**Section 2: Employment Details**

|  |  |
| --- | --- |
| ☐ Use the employment information (Section 5) in the First Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  *Otherwise, please complete the questions below.* | |
| 1. | I am ☐ an employee ☐ self-employed ☐ unemployed. |
| 2. | ☐ My current job details are as follows: *(Fill in 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 | ☐ Full-time  ☐ Part-time  ☐ 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 | ☐ Full-time  ☐ Part-time  ☐ Ad-hoc/casual | | (f) | State your working hours | Enter details here. | |
| 3. | If you are currently unemployed, please provide the information below:   |  |  | | --- | --- | | (a) | When did you stop working? | | Enter details here. | | (b) | Why did you stop working? | | Enter details here. | | (c) | What is your last drawn salary? | | 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. | ☐ Yes ☐ No | | (b) | Enter details here. | Enter details here. | ☐ Yes ☐ No | | (c) | Enter details here. | Enter details here. | ☐ Yes ☐ No |   (Expand the table if required.) |
| 5. | Additional information on my employment / lack of employment:   |  | | --- | | Enter details here. | |

*Proceed to* ***Section 3****.*

**Section 3: New maintenance: Income and Family Expenses**

|  |  |
| --- | --- |
| **Part 1** | |
| ☐ Use the **Sources of Income** information (Section 6) in the First Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  *Otherwise, please complete Table 3-1 below.* | | |
| 1. | My income is: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3-1** | | | | | | |
| 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?  *If you do not receive the income monthly, please state the amount as a monthly average based on the past 12 months.* | | Amount per month  (in SGD) |
| (a) | ☐ Salary  ☐ Rental  ☐ Business profits  ☐ Endowment / CPF payouts  ☐ Financial Assistance  ☐ Others:   |  | | --- | | Enter details here. | | Enter details here. | ☐ In Cash  ☐ Bank transfer  ☐ Cheque  ☐ Others:   |  | | --- | | Enter details here. | | ☐ Monthly  ☐ Others:   |  | | --- | | Enter details here. | | | Gross: Enter amount here.  Nett: Enter amount here. |
| (b) | ☐ Salary  ☐ Rental  ☐ Business profits  ☐ Endowment / CPF payouts  ☐ Financial Assistance  ☐ Others:   |  | | --- | | Enter details here. | | Enter details here. | ☐ In Cash  ☐ Bank transfer  ☐ Cheque  ☐ Others:   |  | | --- | | Enter details here. | | ☐ Monthly  ☐ Others:   |  | | --- | | Enter details here. | | | Gross: Enter amount here.  Nett: Enter amount here. |
|  |  | | **Monthly** **TOTAL** | | **(1)** | Gross: Enter amount here.  Nett: Enter amount here. |

|  |  |
| --- | --- |
| **Part 2** | |
| ☐ Use the **personal expenses** information (Section 7, paragraphs 1 and 2) in the First Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  ☐ Use the **debts** information (Section 9, paragraph 1) in the First Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  *Otherwise, please complete Table 3-2 and the questions below.* | |
| **Table 3-2** | | |
| 2. | My personal expenses are as follows:  (Use additional rows for items not listed.) | |

|  |  |  |  |
| --- | --- | --- | --- |
| S/N | Items | Amount per month  (in SGD) | *Notes*  *If an expense is not incurred monthly, please 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.* |
| (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  *Complete question 2a in this Section.* | Enter amount here. |
| (i) | Maintenance | Enter amount here. |
| (j) | Tax payments | Enter amount here. |
| (k) | Financial provision for:   |  | | --- | | Enter name of person here. |   *Complete question 2b 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. |
| **TOTAL** | | Enter amount here. |  |

|  |  |
| --- | --- |
|  |  |
| 2a. | The debts in item (h) in table 3-2 are: |
| |  |  |  |  | | --- | --- | --- | --- | | S/N | Name of creditor  and  Account number | Nature of debt / loan (eg. personal loan, credit card / credit line) | Amount outstanding (in SGD) | | (a) | Enter name of creditor and account number here. | Enter nature of debt/loan here. | Enter amount here.  As of: enter date here. | | (b) | Enter name of creditor and account number here. | Enter nature of debt/loan here. | Enter amount here.  As of: enter date here. | |  |  | **TOTAL** | **$** Enter amount here. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 2b. | The financial provision in item (k) in table 3-2 is: |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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. | In cash to the person  Bank transfer to the person  Direct payment to relevant agency  Others:   |  | | --- | | Enter details here. | | Monthly  Others: Enter details here. | Enter amount here. | | (b) | Enter full name as per NRIC/Passport and/or your relationship with the person here. | In cash to the person  Bank transfer to the person  Direct payment to relevant agency  Others:   |  | | --- | | Enter details here. | | Monthly  Others: Enter details here. | Enter amount here. | | (c) | Enter full name as per NRIC/Passport and/or your relationship with the person here. | In cash to the person  Bank transfer to the person  Direct payment to relevant agency  Others:   |  | | --- | | Enter details here. | | Monthly  Others: Enter details here. | Enter amount here. | |  |  | **Monthly TOTAL**  Write this TOTAL in Item 1(k) above. | Enter amount here. | | |

|  |  |  |
| --- | --- | --- |
| Proceed to | **Section 3 Part 3** | if you are applying for **child(ren)** maintenance. |
| **Section 4** | if you are applying for **spousal** maintenance. |

|  |  |
| --- | --- |
| **Part 3** | |
| ☐ Use the **child(ren)’s expenses** information (Section 7, paragraph 3) in the First Ancillary Affidavit filed on Enter date here by the  Applicant  Respondent.  *Otherwise, please complete Table 3-3 below.* | |
| 3. | The monthly expenses for the child(ren) are:  (Use additional rows for items not listed) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3-3** | | | | | | | | | | |
| *Notes*  *If an expense is not incurred monthly, please state the amount as a monthly average.*  *To explain an unusual expense, state the reasons in the “remarks” column.* | | | | | | | | | | |
| **S/N** | **Items** | | Name of child:  Enter name of child here. | | | Name of child:  Enter name of child here. | | | Name of child:  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. | | **$** Enter amount here. | Enter remarks here. |
| **SUB-TOTAL** | | **(1)** | **$** Enter amount here. | | **(2)** | **$** Enter amount here. | | **(3)** | **$** Enter amount here. | |
| **Monthly TOTAL of (1) + (2) + (3)** | | | | | | | | **(4)** | **$** Enter amount here. | |
| *Notes*  *If you use more than 1 table for children’s expenses, add up all* **(4*)*** *in each of the tables.* | | | | | | | | | | |

*Proceed to* ***Section 4****.*

**Section 4: Reason(s) for Seeking Interim Maintenance**

|  |  |
| --- | --- |
| 1. | *Select the applicable statement in question 1a or 1b.* |
| 1a. | ☐ I pay for all expenses for   |  |  | | --- | --- | | ☐ myself |  | | ☐ my spouse |  | | ☐ the child(ren): | Enter child(ren)’s name(s) here. | |
| 1b. | ☐ I pay for certain expenses for   |  |  | | --- | --- | | ☐ myself |  | | ☐ my spouse |  | | ☐ the child(ren): | Enter child(ren)’s name(s) here. |   as stated in the table 4-1 below. *Provide the details in the table below.*  *Please provide the following details, if applicable. Use additional rows if required.*   |  |  |  |  | | --- | --- | --- | --- | | **Table 4-1** | | | | | S/N | Item  *(If the item is mentioned in Personal expenses (Table 3-2) or Child expenses (Table 3-3) you may identify the items by referring to the S/No in the relevant Table~~s~~.)* | Who is this payment for?  Self / Child(ren) / Spouse | Amount in  S$ (per month) | | 1 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 2 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 3 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 4 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 5 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | |
| 2. | *Select the applicable statement in 2a or 2b.* |
| 2a. | ☐ The other party does not pay for any of   |  |  | | --- | --- | | ☐ his / her expenses |  | | ☐ my expenses |  | | ☐ the child(ren)’s expenses: | Enter child’s name here. | |
| 2b. | ☐ The other party pays for certain expenses for   |  |  | | --- | --- | | ☐ me |  | | ☐ the child(ren): | Enter child’s name here. |   as stated in the table 4-2 below. *Provide the details in the table below.*  *Please provide the following details, if applicable. Use additional rows if required.*   |  |  |  |  | | --- | --- | --- | --- | | **Table 4-2** | | | | | S/N | Item  *(If the item is mentioned in Personal expenses (Table 3-2) or Child expenses (Table 3-3) you may identify the items by referring to the S/No in the relevant Table~~s~~.)* | Who is this payment for?  Self / Child(ren) / Spouse | Amount in  S$ (per month) | | 1 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 2 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 3 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 4 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) | | 5 | Enter details here (e.g. Utilities Bills, Mortgage Loan, Child(ren)’s pocket money) | Select the applicable option. | $ Enter amount here (e.g. S$ 200 per month) |   *Proceed to* ***Section 5****.* |

**Section 5: Reasons for the Application**

Complete all questions (except for 1C) in this Section. Complete 1C only if you are applying for maintenance as an incapacitated husband.

|  |  |
| --- | --- |
| 1. | Circumstances which affect income or ability to maintain self, spouse or child(ren) |
| A. | These are my available financial resources.  *(Use additional rows if required)* |
| |  |  |  |  | | --- | --- | --- | --- | | **Table 5-1** | | | | | **S/N** | **Financial resource / Asset**  **(Eg. bank account)** | **Value (SGD)** | **Is the resource used to pay for your personal expenses / child(ren)’s expenses?**  **If no, explain the reasons.** | | 1. | Enter details here. | **$** Enter amount here. | Enter details here. | | 2. | Enter details here. | **$** Enter amount here. | Enter details here. | |
| B. | If there are circumstances which will significantly affect your income or contribution to your spouse or your child(ren), please state briefly your circumstances, the history or reasons, and how it affects your income or contribution.  ***Notes:*** *For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.*   |  | | --- | | Enter details here. | |
| C. | *If you are an incapacitated husband applying for maintenance, answer the next question. Otherwise, proceed to questions 2 and 3.* |
|  | 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? | ☐ Yes.  ☐ No.   |  |  | | --- | --- | | If no, state the country: | Enter country here. | |   *Proceed to question 2.* |
| 2. | 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. | |
| 3. | Reasons for this application |
|  | For all applications, state in detail the reasons for your application.  (***Notes:*** *For easy reference, number each paragraph and sub-points clearly. Use headers or titles to identify different issues.)*   |  | | --- | | Enter details here. | |

**Section 6: Summary of Claim**

|  |  |  |
| --- | --- | --- |
| 1. | ☐ I am asking that the Court grants this summons.  ☐ Others:   |  | | --- | | Enter details here. | |

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

Complete Annex A for each child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | Enter full name as per NRIC/Passport here. | | | |
| **NRIC / FIN /**  **Passport number** | Enter NRIC/ FIN/ Passport no. here. | | **Gender** | ☐ Female  ☐ Male |
| **Date of Birth (DD/MM/YYYY)** | Enter date here. | | **Age** | Enter age here. |
| **Any health condition which will affect the child’s living expenses or care arrangements?** | Enter details here. | | | |
| **Court orders / Proceedings relating to this Child** | | | | |
| **Is the child protected by an existing Personal Protection Order?** | ☐ Yes ☐ 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. | | | |
| **Are there existing Youth Court order(s) or ongoing Youth Court proceedings?** | ☐ Yes ☐ 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. | | | |
| **Is there an existing voluntary arrangement with the Child Protection Services under the Ministry of Social and Family Development?** | ☐ Yes ☐ No | | | |
| Case number: | Enter case number here. | | |
| Date of arrangement: | Enter date here. | | |
| Expiry date of the arrangement: | Enter date here. | | |
| **Is there an existing court order for this child’s maintenance?** | ☐ Yes ☐ 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. | | |
| **Is there an existing court order for this child’s living and contact arrangements?** | ☐ Yes ☐ 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. | | |
| **Are there other court orders such as adoption orders or orders under the Mental Capacity Act 2008?** | Enter details here. | | | |

**Section 7: 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 8: Exhibit Content Page**

You must attach, with your application, a copy of the documents in Table 8-1 (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 8-2.

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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **Table 8-1** | | | | **Exhibit number** | **Reference in Form to the exhibit**  *(e.g. Paragraph 1 of Section 5)* | **Page numbers** | | **Section 3** | | | | E1 | Payslips or similar documents to show evidence of income for the past 6 months | Enter page no. | | E2 | Current employment contract OR similar evidence showing the current terms of my employment | Enter page no. | | E3 | Tax assessment notices or similar documents for the past 3 years | Enter page no. | | E4 | Updated ACRA search results or similar documents to show ownership of my businesses | Enter page no. | | E5 | Current tenancy agreement or similar evidence showing the rental I receive | Enter page no. | | E6 | Updated search results on my bankruptcy status (if the filing party is an undischarged bankrupt) | Enter page no. | | E7 | Documents to prove my monthly expenses | Enter page no. | | E8 | Evidence of debt(s) owed | Enter page no. | | E9 | Evidence on financial provision for dependents | Enter page no. | | E10 | Documents to prove the child(ren)’s monthly expenses | Enter page no. | | E11 | Evidence that I have supported my dependents | Enter page no. | | E12 | My medical report OR evidence of my incapacity to work | Enter page no. | | **Section 4** | | | | E13 | Documents to prove payment of stated expenses | Enter page no. | | **Section 5** | | | | E14 | Copies of bank statements for the past 3 months | Enter page no. | | E15 | Medical report certifying details of incapacity (for incapacitated husband) | Enter page no. | | **All Other Evidence to Support Application** | | | | E16 | Enter details of paragraph/section in which the exhibit relates to. | Enter page no. | | E17 | Enter details of paragraph/section in which the exhibit relates to. | Enter page no. | | E18 | Enter details of paragraph/section in which the exhibit relates to. | Enter page no. | | E19 | Enter details of paragraph/section in which the exhibit relates to. | Enter page no. | | E20 | Enter details of paragraph/section in which the exhibit relates to. | Enter page no. |   (Expand the table if required)  **Table 8-2**  *If any of the Required Document(s) listed in Table 8-1 is not provided, state your reasons below.*   |  |  | | --- | --- | | **State the name of the Required Document not provided** | 1. **State the reasons for lack of document** 2. **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. |   (Expand the table if required) | *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* |

|  |
| --- |
| *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.* |