# 83-AB.

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Para 86(3)(b) PD 2024

## Statement for Family Neutral Evaluation

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

|  |  |
| --- | --- |
| Originating Application  No. FC/OA [number]/[year]  Sub Case No. [number]/[year][[1]](#footnote-1) | Between  [Applicant’s name]  [ID No.]  … Applicant(s)  And  [Respondent’s name]  [ID No.]  … Respondent(s) |

**APPLICANT’S  RESPONDENT’S STATEMENT[[2]](#footnote-2)**

### Section A: Particulars

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | |  |  | | --- | --- | | Age (birth date in brackets): | Enter age here. (Enter birth date here.) | |
| 2. | |  |  | | --- | --- | | Date of Marriage: | Enter date here. | |
| 3. | |  |  | | --- | --- | | Date of Interim Judgement - including period of separation (if applicable): | Enter date here. | |
| 4. | |  |  | | --- | --- | | Occupation & educational /professional qualifications (where applicable): | Enter your occupation here.  Enter your educational or professional qualifications here. | |
| 5. | |  |  | | --- | --- | | Monthly Income:  (based on average annual income of SGD **[**Enter your average annual income here] including bonuses based on latest Notice of Assessment) | Enter your monthly income here. | |

### Section B: Division of Matrimonial Assets

Note:

1. The full address of each immovable property (including the matrimonial home and all other properties) is to be listed. The date of purchase and purchase price, and if sold, the date of sale and sale price should be listed in the applicable “*Remarks*” column.
2. A liability which is related to an asset must be reflected together with the asset. An example is the mortgage loan.
3. A standalone liability must be stated as a negative value. An example is a personal loan.
4. An asset/liability should only be stated once in Section B and should not be duplicated in multiple sections. For example, a mortgage loan related to the matrimonial home should not be reflected separately as a standalone liability.
5. State only quantifiable assets in Section B2. Quantifiable assets include assets where a party asserts/claims to be of an ascertainable value. Please refer to examples in Section B2(B).

#### Section B1: Applicant’s / Respondent’s Position

This is the  Applicant’s  Respondent’s position.

|  |  |  |
| --- | --- | --- |
| 1. | I propose division of the matrimonial home as follows:   |  | | --- | | Enter details here, e.g. what you want in respect of the matrimonial home, and how the sale proceeds, if any, are to be split between parties. | |
| 2. | I propose division of any other immovable matrimonial property as follows:   |  | | --- | | Enter details here, e.g. what you want in respect of the real property and how sale proceeds, if any, are to be split between parties. | |
| 3. | I propose division of the other matrimonial assets as follows:   |  | | --- | | Enter details here. | |

#### Section B2: List of Matrimonial Assets

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Joint Assets (Quantifiable)** | | | | |
| S/n | Asset (with related liability, if any) | Value | As At | Remarks (if any) |
| 1 | *For e.g. Property ABC (with outstanding mortgage).* | *Gross value (-liability) NET VALUE* | Enter date here. | Enter details here. |
| 2 | *For e.g. Company XYZ*. | *Gross value (-liability) NET VALUE* | Enter date here. | Enter details here. |
|  | ***Sub-total*** | Enter sub-total here. |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Assets under own name (Quantifiable)** | | | | |
| S/n | Asset (with related liability, if any) | Value | As At | Remarks (if any) |
| 1 | *For e.g. CPF accounts*. | *Gross value (-liability) NET VALUE* | Enter date here. | Enter details here. |
| 2 | *For e.g. Bank Account 123*. | *Gross value (-liability) NET VALUE* | Enter date here. | Enter details here. |
| 3 | *For e.g. Car*. | *Gross value (-liability) NET VALUE* | Enter date here. | Enter details here. |
|  | ***Sub-total*** | Enter sub-total here. |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Assets under your spouse’s name (Quantifiable) | | | | |
| S/n | Asset (with related liability, if any) | Estimated Value | As At | Remarks (if any) |
| 1 | *For e.g. CPF accounts*. | Enter current estimated value here. | Enter date here. | Enter details here. |
| 2 | *For e.g. Bank Account 123*. | Enter current estimated value here. | Enter date here. | Enter details here. |
|  | ***Sub-total*** | Enter sub-total here. |  | |

#### Section B3: Contribution towards Matrimonial Assets

|  |  |  |
| --- | --- | --- |
| 1. **Direct Financial Contributions**   *(State your direct financial contributions to the assets stated in Section B2 above.)* | | |
| **S/n** | **Item (in accordance with Section B2(A) to (C) above)** | **Amount** |
| 1 | *For e.g. Property ABC – CPF*. | Enter amount here. |
| *For e.g. Property ABC - Cash downpayment*. | Enter amount here. |
|  | *For e.g. Property ABC – Renovations*. | Enter amount here. |
| 2 | *For e.g. Company XYZ*. | Enter amount here. |
| 3 | *For e.g. H’s CPF accounts*. | Enter amount here. |
| 4 | *For e.g. H’s Bank Account*. | Enter amount here. |
| 5 | *For e.g. Car*. | Enter amount here. |
| 6 | *For e.g. W’s CPF accounts*. | Enter amount here. |
| 7 | *For e.g. W’s Bank Account*. | Enter amount here. |
|  | ***Sub- total*** | Enter sub-total here. |

|  |  |  |
| --- | --- | --- |
| 1. **Indirect Contributions** | | |
|  | **Applicant** | **Respondent** |
| I propose the following ratio for Indirect Contributions: | *For e.g. 60%*. | *For e.g. 40%*. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Indirect Financial Contributions*** | | | |
| **S/N** | **Description** | **Estimated amount / frequency** | **Remarks (if any)** |
|  | *State payments made other than the Direct Financial Contributions set out above (for example, towards household bills, groceries, children’s expenses, etc).* | Enter amount/frequency here. | Enter details here. |
|  |  |  |  |
|  | ***Sub-Total*** | Enter sub-total here. |  |

|  |  |
| --- | --- |
| 1. ***Indirect Non-Financial Contributions*** | |
| **S/N** | **Description** |
|  | *State in point form the indirect non-financial contributions made towards the family (for example, caring for the children, etc). The summary should not exceed 1 page.* |
|  |  |
|  |  |
|  |  |

### Section C: Maintenance of Wife / Incapacitated Husband

Maintenance of  Wife  Incapacitated husband:

|  |  |  |
| --- | --- | --- |
| **Description** | **Amount** | **Remarks (if any)** |
| Is there an existing maintenance order or existing voluntary payment for spouse?  No. *Proceed to Section C1.*  Yes. *Provide details in the next column.* | *For e.g. $500* | Enter details here. |
| Is there an existing maintenance order or existing voluntary payment for household?  No. *Proceed to Section C1.*  Yes. *Provide details in the next column.* | *For e.g. $500* | Enter details here. |

#### Section C1: Applicant’s / Respondent’s Position

This is the  Applicant’s  Respondent’s position.

|  |  |
| --- | --- |
| I  claim  propose the following expenses for the maintenance of  wife  incapacitated husband:   |  | | --- | | *State quantum of spousal maintenance claimed / offered and how the amount is calculated (i.e., Lumpsum (Multiplier x Multiplicand) (or) Monthly periodic sum)*. | |

#### Section C2: Paying spouse’s / Receiving spouse’s estimated expenses

Paying spouse’s  Receiving spouse’s estimated expenses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/n** | **Item** | | **Amount** | **Remarks (if any)** |
| 1 | Mortgage Loan | Cash | Enter amount here. | Enter details here. |
|  | CPF | Enter amount here. | Enter details here. |
| 2 | Rental | | Enter amount here. | Enter details here. |
| 3 | Telephone (Residence & Mobile) | | Enter amount here. | Enter details here. |
| 4 | Electricity / Water / Gas | | Enter amount here. | Enter details here. |
| 5 | Conservancy Charges | | Enter amount here. | Enter details here. |
| 6 | Cable TV / Internet | | Enter amount here. | Enter details here. |
| 7 | Food / Groceries | | Enter amount here. | Enter details here. |
| 8 | Eating Out | | Enter amount here. | Enter details here. |
| 9 | Clothing | | Enter amount here. | Enter details here. |
| 10 | Personal Insurance | | Enter amount here. | Enter details here. |
| 11 | Medical | | Enter amount here. | Enter details here. |
| 12 | Vehicle Loan | | Enter amount here. | Enter details here. |
| 13 | Motor Insurance and Road Tax | | Enter amount here. | Enter details here. |
| 14 | Public Transport | | Enter amount here. | Enter details here. |
| 15 | Domestic Servant | Levy $ | Enter amount here. | Enter details here. |
| Salary $ | Enter amount here. | Enter details here. |
| 16 | Allowance for Parents | | Enter amount here. | Enter details here. |
| 17 | Entertainment, Hobbies and Sports | | Enter amount here. | Enter details here. |
| 18 | Tour and Family Outings | | Enter amount here. | Enter details here. |
| 19 | Others | | Enter amount here. | Enter details here. |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  | ***Total*** | | Enter total amount here. |  |

### Section D: Maintenance of Child(ren)

|  |  |  |
| --- | --- | --- |
| **Description** | **Amount** | **Remarks (if any)** |
| Is there an existing maintenance order or existing voluntary payment for children?  No. *Proceed to Section D1.*  Yes. *Provide details in the next column.* | Enter amount here. | Enter details here. |
| Is there an existing maintenance order/existing voluntary payment for household?  No. *Proceed to Section D1.*  Yes. *Provide details in the next column.* | Enter amount here. | Enter details here. |

#### Section D1: Applicant’s / Respondent’s Position

This is the  Applicant’s  Respondent’s position.

|  |  |
| --- | --- |
| I  claim  propose the following expenses for the Child(ren):   |  | | --- | | *State quantum of maintenance of children claimed / offered and how the children’s total expenses should be divided (i.e. whether parties are to bear them equally, whether one party is to bear all the expenses, whether the expenses are to be divided 70:30, etc.).* | |

#### Section D2: Position on the Child(ren)’s estimated expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **S/n** | **Item** | **Amount** | **Remarks (if any)** |
| 1 | Food / Groceries | Enter amount here. | Enter details here. |
| 2 | Clothing / Diaper | Enter amount here. | Enter details here. |
| 3 | Medical | Enter amount here. | Enter details here. |
| 4 | Personal Insurance | Enter amount here. | Enter details here. |
| 5 | School Expenses (Books/Stationery) | Enter amount here. | Enter details here. |
| 6 | Transport | Enter amount here. | Enter details here. |
| 7 | Pocket Money | Enter amount here. | Enter details here. |
| 8 | School Fees | Enter amount here. | Enter details here. |
| 9 | Childcare | Enter amount here. | Enter details here. |
| 10 | Enrichment / Tuition | Enter amount here. | Enter details here. |
| 11 | Entertainment, Hobbies and Sports | Enter amount here. | Enter details here. |
| 12 | Tour and Family Outings | Enter amount here. | Enter details here. |
| 13 | Others | Enter amount here. | Enter details here. |
|  |  |  |  |
|  | **Total** | Enter total amount here. |  |

#### Section D3: Applicant’s / Respondent’s estimated expenses

Applicant’s  Respondent’s estimated expenses:

*Note: To be completed only if Section C2 on spousal maintenance has not been filled.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/n** | **Item** | | **Amount** | **Remarks (if any)** |
| 1 | Mortgage Loan | Cash | Enter amount here. | Enter details here. |
|  | CPF | Enter amount here. | Enter details here. |
| 2 | Rental | | Enter amount here. | Enter details here. |
| 3 | Telephone (Residence & Mobile) | | Enter amount here. | Enter details here. |
| 4 | Electricity / Water / Gas | | Enter amount here. | Enter details here. |
| 5 | Conservancy Charges | | Enter amount here. | Enter details here. |
| 6 | Cable TV / Internet | | Enter amount here. | Enter details here. |
| 7 | Food / Groceries | | Enter amount here. | Enter details here. |
| 8 | Eating Out | | Enter amount here. | Enter details here. |
| 9 | Clothing | | Enter amount here. | Enter details here. |
| 10 | Personal Insurance | | Enter amount here. | Enter details here. |
| 11 | Medical | | Enter amount here. | Enter details here. |
| 12 | Vehicle Loan | | Enter amount here. | Enter details here. |
| 13 | Motor Insurance and Road Tax | | Enter amount here. | Enter details here. |
| 14 | Public Transport | | Enter amount here. | Enter details here. |
| 15 | Domestic Servant | Levy $ | Enter amount here. | Enter details here. |
| Salary $ | Enter amount here. | Enter details here. |
| 16 | Allowance for Parents | | Enter amount here. | Enter details here. |
| 17 | Entertainment, Hobbies and Sports | | Enter amount here. | Enter details here. |
| 18 | Tour and Family Outings | | Enter amount here. | Enter details here. |
| 19 | Others | | Enter amount here. | Enter details here. |
|  |  | |  |  |
|  | ***Total*** | | Enter total amount here. |  |

### Section E: Confirmation

**I confirm that the information set out above is correct and accurate.  I understand that the Evaluator will be relying on the information set out above for the Family Neutral Evaluation.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name of  Applicant  Respondent: Enter name here.

Date: Enter date here.

### Section F: Supporting Documents[[3]](#footnote-3)

|  |  |  |
| --- | --- | --- |
| **S/N** | **Description** | **Page No** |
| 1 | Pay-slips for [state time frame] | Enter page no. |
| 2 | Contract of employment/Letter from employer confirming salary | Enter page no. |
| 3 | Notices of Assessment from the Inland Revenue Authority of Singapore (IRAS) dated[Enter date here] | Enter page no. |
| 4 | ACRA search dated [Enter date here](in respect of the business(es) I own) | Enter page no. |
| 5 | Valuation report(s) for immovable property/properties | Enter page no. |
| 6 | Tenancy agreement(s) | Enter page no. |
| 7 | Hire purchase agreement(s) | Enter page no. |
| 8 | Insurance policies/letters from insurance companies showing the surrender values of the insurance policies | Enter page no. |
| 9 | Central Depository (Pte) Ltd (CDP) statement(s) dated [Enter date here] | Enter page no. |
| 10 | Central Provident Fund (CPF) Investment account statement(s) dated [Enter date here] | Enter page no. |
| 11 | Bank statement(s) for [state time frame] | Enter page no. |
| 12 | CPF statement(s) dated [Enter date here] on contribution to purchase of immovable property | Enter page no. |
| 13 | CPF statement(s) dated [Enter date here] on balances in Special, Medisave and Ordinary Accounts | Enter page no. |
| 14 | Renovation receipt(s) | Enter page no. |
| 15 | Receipt(s) evidencing payment for furnishings  Receipts supporting expenses, e.g. utilities bills, telephone bills, conservancy charges, school fees, etc. | Enter page no. |
| 16 | Others: Please specify | Enter page no. |

1. To insert sub-case details if relevant. [↑](#footnote-ref-1)
2. The completed Form is to be emailed to FJC (refer to paragraph 86 of the Family Justice Courts Practice Directions 2024). Do not file this Form via eLitigation. [↑](#footnote-ref-2)
3. Please note that the list of documents in this section is intended as a guide only. It is not intended to set a minimum standard, nor to be an exhaustive list, in relation to each party’s duty to disclose all relevant information and documents for the purposes of the neutral evaluation. The extent of disclosure which must be made in each case will depend on the facts of that case. Parties must exercise their own minds regarding the extent of disclosure to be made in the light of these facts, and in accordance with their duty of disclosure under Part 9 of the Family Justice (General) Rules 2024. [↑](#footnote-ref-3)