# 146.

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## Form Showing Lack of Means

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

|  |  |
| --- | --- |
| Main Case No.: Enter case no. here  Sub-Case No.: Enter sub-case no. here[[1]](#footnote-1) | Between  [Name]  [ID No.]  … Applicant(s)/  Claimant(s)  And  [Name]  [ID No.]  … Respondent(s)/  Defendant(s) |

**FORM SHOWING LACK OF MEANS**

Note:

You should check if you qualify for Legal Aid (see <https://lab.mlaw.gov.sg/legal-services/do-i-qualify/>) before filling this form. If you qualify for Legal Aid, you can only use this form if you have applied for Legal Aid and your application has been rejected.

### Section 1: Introduction

|  |  |
| --- | --- |
| Name of applicant: | Enter full name as per NRIC/ Passport here. |
| Occupation: | Enter occupation here. |
| Contact address: | Enter address here. |
| Contact phone numbers: | Enter phone numbers here. |

### Section 2

1. This application relates to court fees for [Enter details here, e.g., the filing of a notice of appeal] in the sum of S$[Enter sum here].
2. State if you are applying for waiver or deferment[[2]](#footnote-2):

a full waiver;

a partial waiver of S$[Enter sum here]; or

the payment to be deferred until [Enter date here].

1. Confirm your application status:

I have not previously applied for a waiver or deferment.

I applied for a waiver or deferment on [Enter date here].

1. Confirm if you qualify for Legal Aid:

Yes. *Proceed to question 5.*

No. *If you do not qualify for Legal Aid, briefly state the reasons why this is so. Proceed to Section 3 thereafter:*

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| --- |
| Enter details here. |

1. If you qualify for Legal Aid, confirm if you have made an application with the Legal Aid Bureau:

Yes. *Proceed to question 6.*

No. *Proceed to Section 3.*

1. If you have made an application with the Legal Aid Bureau, was your application successful:

Yes. *Proceed to Section 3.*

No. *Proceed to question 7.*

1. If your application with the Legal Aid Bureau was not successful, briefly state the reasons why this is so:

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| Enter details here. |

### Section 3

1. Provide the reasons for your request *(for example, details of any undue financial hardship which may be suffered by you if you had to pay the court fee)*:

|  |
| --- |
| Enter details here. |

1. Provide information on your personal financial circumstances:

I am not employed. *State when you were last gainfully employed and who is supporting you now.*

|  |
| --- |
| Enter details here. |

I am employed and my total monthly income for the last 3 months is S$[Enter sum here].

I run my own business and my total monthly income is S$[Enter sum here].

I am a bankrupt and my bankruptcy number is [Enter number here].

1. Attach the necessary documentation[[3]](#footnote-3) to support the information provided in this form and answer the following questions and support your answers with the relevant documents:
2. Are you on any government financial assistance plan?

No.

Yes. *State type of assistance:*

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| --- |
| Enter details here. |

1. Are you suffering from any medical condition that requires long term medication or treatment?

Yes. *Provide us with a note from a doctor confirming that you require long term medication or treatment.*

No.

1. Do you have any outstanding conservancy, rental, utilities or medical bills, or any other outstanding legal liabilities?

Yes. *Provide evidence of your liabilities.*

No.

1. State the source(s) of your income:

Wages or salary. Enter details here.

Other source. Enter details here.

1. State other funds which you have:

|  |
| --- |
| Enter details here. |

1. State the assets in your ownership (e.g., house, other property, car, boat, shares):

|  |
| --- |
| Enter details here. |

1. State your debts and liabilities (e.g., mortgage, hire purchase, repayment of loans) below and attach the necessary documentation in support at the back of this form.

|  |
| --- |
| Enter details here. |

1. State the number of dependents which you have: [Enter number here]
2. State your monthly living expenses *(Use additional rows for items not listed.)*:

|  |  |  |
| --- | --- | --- |
| **S/N** | **Items** | **Amount per month (in SGD)** |
|  | Mortgage/rent | Enter amount here. |
|  | Food/groceries | Enter amount here. |
|  | Electricity bills | Enter amount here. |
|  | Phone/internet | Enter amount here. |
|  | Petrol/travel | Enter amount here. |
|  | Insurance | Enter amount here. |
|  | Hire purchase | Enter amount here. |
|  | Loan repayment | Enter amount here. |
|  | Others (e.g., medical) | Enter amount here. |
|  | **Total monthly expenses:** | Enter amount here. |

1. State how much income the other members of your household contribute to meeting these monthly living expenses:

|  |
| --- |
| Enter details here. |

1. State if you are able to raise the monies from other sources, and provide details of your efforts in seeking funding.

|  |
| --- |
| Enter details here. |

1. If you are the appellant, please describe the appeal. Briefly explain the grounds of the appeal.

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| Enter details here. |

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Signature

Name of Applicant: [Enter name here]

Date: [Enter date here]

1. To insert sub-case details if relevant. [↑](#footnote-ref-1)
2. A waiver or deferment of appeal court fees will only be granted in exceptional circumstances. [↑](#footnote-ref-2)
3. In particular, a recent copy of your CPF Statement of Account, pay advice and a copy of your latest notice of income tax assessment. [↑](#footnote-ref-3)