28B.

PDF UPLOAD

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

Para 35(1) PD 2024

**Applicant’s  Affidavit  Statement for  Variation/  Suspension/  Rescission of Maintenance Order**

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. Please seek legal advice if necessary.

Explanatory Notes

**Variation** means to change some parts of the court order(s). For instance, to reduce monthly maintenance from $1000 to $800 per month.

**Suspension** means to postpone the payment of some maintenance as required in the court order(s) to a later date. However, the amounts not paid will be accumulated and payable.

**Rescission** means to stop the payment of the maintenance required in the court order(s). This means that the court order(s) is/are no longer effective.

\*\*Important statutory provision

**Section 72 of the Women’s Charter 1961**

|  |
| --- |
| 72.—(1) On the application of any person receiving or ordered to pay a monthly allowance under this Part and on proof of a change in the circumstances of that person, or that person’s wife, incapacitated husband or child, or for other good cause being shown to the satisfaction of the court, the court by which the order was made may rescind the order or may vary it as it thinks fit.  (2) Without affecting the extent of the discretion conferred upon the court by subsection (1), the court may, in considering any application made under this section, take into consideration any change in the general cost of living which may have occurred between the date of the making of the order sought to be varied and the date of the hearing of the application. |

**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 to vary/ suspend/ rescind a maintenance order*

**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)* | 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:**  *If applicable, 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 physical or mental disability or illness, (c) the extent to which you are incapacitated by 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 (where applicable). |

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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 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 “*Applicant’s Section 2 Documents*”.  Marriage Certificate  Court Order(s) dissolving the Marriage  Birth Certificate 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: General details of Application**

*Please state the details of the Court Order you wish to make changes to and state the change(s) you wish to make.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Court Order No.**  **Date of Court Order**  **(e.g. MO 123 of 2022, 2 Jan 2022)** | **Paragraph of the Court Order** | **What was originally stated in the Court Order**  **(e.g. Pay $1000 per month)** | **The change you want**  **(e.g. reduce to $800)** |
|  |  |  |  |
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| **Please indicate the main reason(s) for your application here (if different reasons apply to a variation/ suspension/ rescission of different provision, please state them clearly).**  *Please take note of the legal requirements for a variation.\*\**  *Please provide additional reasons, if any, at section E below.* |
| Enter the main reason(s) for 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 3 Documents*”.  Relevant Court Order  Proof showing a material change in circumstances/ other good cause |

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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 there has been a change in employment or employment status since the time of the relevant Court Order, please state:*   1. *Your employment at the time of the Court order;* 2. *Your current employment; and* 3. *If you are currently unemployed, the length of time you have been unemployed.*   *Please provide proof of your employment (e.g. employment contract, formal letter from your HR department confirming your employment etc.* | When the Court order was made  Enter occupation here. | Now  Enter occupation here. |
| **Working Full Time/ Part Time** | When the Court order was made  Full Time  Part Time | Now  Full Time  Part Time |
| **Monthly Income**  *Please provide the following: (i) payslips for the latest 3-6 months, (ii) CPF statements for the past 6 months.* | When the Court order was made  Enter monthly income here | Now  Enter monthly income here |
| **Annual Income**  *Please provide your IRAS Notice of Assessment for the past 3 years.* | When the Court order was made  Enter annual income here | Now  Enter annual income here |
| **Other sources of income**[[2]](#footnote-2)  *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**[[3]](#footnote-3) | **Monthly**  **Amount (S$)** | | --- | --- | --- | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | |  | Enter type here | Enter amount here | | **Total** | | Enter total amount here | | |
| **Are you on any social welfare or financial assistance scheme?**  *Please provide all relevant supporting documents to show proof..* | Yes.  If Yes, please provide details on:   | **S/N** | **Type of Welfare / Financial Assistance**[[4]](#footnote-4) | **Monthly**  **Amount (S$)** | | --- | --- | --- | | 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.)  Proof of termination/ retrenchment/ cessation from employment (if applicable)  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(s):

| **S/N** | **Type of Property**[[5]](#footnote-5) | **Amount / Value (S$)**  **(*if asset is foreign, please also state corresponding foreign currency value*)** |
| --- | --- | --- |
|  | HDB Flat. No. of rooms:    Executive Condominium  Private Apartment  Landed House  Others: Enter type of property here | Enter amount/ value here |
|  | HDB Flat. No. of rooms:  Executive Condominium  Private Apartment  Landed House  Others: Enter type of property here | Enter amount/ value here |

|  |  |
| --- | --- |
| **When the Court order was made, did you have the same property(ies) as declared above?** | Yes  No  Please state the changes: Enter the change since the Court order was made here |

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

I own the following securities:

| **S/N** | **Type of Securities**[[6]](#footnote-6) | **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 |
|  | Enter type of securities here | Enter amount/ value here |
|  | Enter type of securities here | Enter amount/ value here |

|  |  |
| --- | --- |
| **When the Court order was made, was the total value of the securities similar to what you have declared above?** | Yes  No  Please state the changes: Enter the changes since the Court order was made here |

**BANK ACCOUNTS**

I own the following bank account(s):

| **S/N** | **Type of Bank Account**[[7]](#footnote-7) | **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****.*

|  |  |
| --- | --- |
| **When the Court order was made, was the total value of the amount in your bank accounts similar to what you have declared above?** | Yes  No  Please state the changes: Enter the changes since the Court order was made here |

**VEHICLE**

I own the following vehicle(s):

| **S/N** | **Type of Vehicle**[[8]](#footnote-8) | **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 |

|  |  |
| --- | --- |
| **When the Court order was made, did you have any other vehicles?** | Yes  No  Please state the changes: Enter the changes since the Court order was made here |

**OTHER ASSETS**

I own the following asset(s):

| **S/N** | **Type of Asset**[[9]](#footnote-9)  **(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 |

|  |  |
| --- | --- |
| **When the Court order was made, was the total value of the other types of assets similar to what you have declared above?** | Yes  No  Please state the changes: Enter the changes since the Court order was made 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 statement(s) for the past 6 months  Documents 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**[[10]](#footnote-10) | **Amount** | **Details (*e.g.* monthly repayment amount, when liability ends)**  *Please highlight any change(s) from the time the Court order was issued to present time.* | **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**[[11]](#footnote-11) | | | | **Present Amount**  **per month (S$)**  *Please put a dash (“-“) for items which are not applicable* | **Previous Amount at the time the original Court order was made**  **per month (S$)**  *Please put a dash (“-“) for items which are not applicable* |
| --- | --- | --- | --- | --- | --- |
| *Housing Expenses* | | | | |  |
| Mortgage Loan | | Cash | | Enter amount here | Enter amount here |
| CPF | | Enter amount here | Enter amount here |
| Rent (if applicable) | | | | Enter amount here | Enter amount here |
| Utilities (Electricity / Water / Gas) | | | | Enter amount here | Enter amount here |
| Conservancy Charges/Town Council Service & Conservancy Charges | | | | Enter amount here | Enter amount here |
| Cable TV / TV Streaming Services | | | | Enter amount here | Enter amount here |
| Internet | | | | Enter amount here | Enter amount here |
| Home telephone line | | | | Enter amount here | Enter amount here |
| Domestic Helper | | | Salary | Enter amount here | Enter amount here |
| Levy | Enter amount here | Enter amount here |
| Medical | Enter amount here | Enter amount here |
| Others | Enter amount here | Enter amount here |
| Others  *Please specify.* | | | Enter details here | Enter amount here | Enter amount here |
| Enter details here | Enter amount here | Enter amount here |
| Enter details here | Enter amount here | Enter amount here |
| Enter details here | Enter amount here | Enter amount here |
| Enter details here | Enter amount here | Enter amount here |
| *Food / Groceries* | | | | |  |
| Food | | | | Enter amount here | Enter amount here |
| Groceries | | | | Enter amount here | Enter amount here |
| Dining Out | | | | Enter amount here | Enter amount here |
| *Public Transport* | | | | |  |
| Taxi / Private Hire | | | | Enter amount here | Enter amount here |
| Bus / MRT | | | | Enter amount here | Enter amount here |
| Concession Passes | | | | Enter amount here | Enter amount here |
| *Private Transport* | | | | |  |
| Vehicle Loan (or Hire Purchase) | | | | Enter amount here | Enter amount here |
| Rental (if you do not own a vehicle, but are renting one instead) | | | | Enter amount here | Enter amount here |
| Fuel | | | | Enter amount here | Enter amount here |
| Road Tax | | | | Enter amount here | Enter amount here |
| Motor Insurance | | | | Enter amount here | Enter amount here |
| ERP | | | | Enter amount here | Enter amount here |
| Others | | | | Enter amount here | Enter amount here |
| *Medical / Dental / Insurance* | | | | |  |
| Medical | | | | Enter amount here | Enter amount here |
| Dental | | | | Enter amount here | Enter amount here |
| Personal Insurance(s)  (including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance) | | | | Enter amount here | Enter amount here |
| *Personal Expenses* | | | | |  |
| Clothing | | | | Enter amount here | Enter amount here |
| Shoes | | | | Enter amount here | Enter amount here |
| Personal Grooming | | | | Enter amount here | Enter amount here |
| Toiletries | | | | Enter amount here | Enter amount here |
| Supplements | | | | Enter amount here | Enter amount here |
| Mobile phone | | | Post-paid | Enter amount here | Enter amount here |
| Pre-paid | Enter amount here | Enter amount here |
| Calling Cards | Enter amount here | Enter amount here |
| Computer / IT Gadgets / Other Equipment | | | | Enter amount here | Enter amount here |
| Allowance for parents | | | | Enter amount here | Enter amount here |
| Recreation | Entertainment (Movies, etc) | | | Enter amount here | Enter amount here |
| Hobbies | | | Enter amount here | Enter amount here |
| Sports | | | Enter amount here | Enter amount here |
| Outings | | | Enter amount here | Enter amount here |
| Travel | | | Enter amount here | Enter amount here |
| Cigarettes / Alcohol | | | | Enter amount here | Enter amount here |
| *Others* | | | | |  |
| Enter type of expense here | | | | Enter amount here | Enter amount here |
| Enter type of expense here | | | | Enter amount here | Enter amount here |
| Enter type of expense here | | | | Enter amount here | Enter amount here |
| *Total* | | | |  |  |
| **Total** | | | | Enter total amount here | Enter total amount here |

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

| **Type of Expense**[[12]](#footnote-12) | | | **Amount per month (S$)**  *Please put a dash (“-“) for items which are not applicable.* | **Previous Amount at the time the original Court order was made**  **per month (S$)**  *Please put a dash (“-“) for items which are not applicable.* |
| --- | --- | --- | --- | --- |
| *Food / Groceries* | | | |  |
| Food | | | Enter amount here | Enter amount here |
| Groceries | | | Enter amount here | Enter amount here |
| Dining Out | | | Enter amount here | Enter amount here |
| *Transport* | | | |  |
| Taxi / Private Hire | | | Enter amount here | Enter amount here |
| Bus / MRT | | | Enter amount here | Enter amount here |
| Concession Passes | | | Enter amount here | Enter amount here |
| *Medical / Dental / Insurance* | | | |  |
| Medical | | | Enter amount here | Enter amount here |
| Dental | | | Enter amount here | Enter amount here |
| Personal Insurance  (including but not limited to Health, Accident, Hospitalisation, Critical Illness, Income, Mortgage Insurance.) | | | Enter amount here | Enter amount here |
| *School-related expenses* | | | |  |
| School Fees | | | Enter amount here | Enter amount here |
| Pocket Money | | | Enter amount here | Enter amount here |
| School Bus | | | Enter amount here | Enter amount here |
| Enrichment / Tuition | | | Enter amount here | Enter amount here |
| Stationery | | | Enter amount here | Enter amount here |
| Assessment Books | | | Enter amount here | Enter amount here |
| School Books / Assessment Books | | | Enter amount here | Enter amount here |
| School Uniform | | | Enter amount here | Enter amount here |
| *Childcare expenses* | | | |  |
| Childcare fees | | | Enter amount here | Enter amount here |
| Student Care fees | | | Enter amount here | Enter amount here |
| After School Care fees | | | Enter amount here | Enter amount here |
| *Personal Expenses* | | | |  |
| Diapers | | | Enter amount here | Enter amount here |
| Clothing | | | Enter amount here | Enter amount here |
| Personal Grooming | | | Enter amount here | Enter amount here |
| Toiletries | | | Enter amount here | Enter amount here |
| Mobile phone | | Post-paid | Enter amount here | Enter amount here |
| Pre-paid | Enter amount here | Enter amount here |
| Calling Cards | Enter amount here | Enter amount here |
| Computer / IT Gadgets / Other Equipment | | | Enter amount here | Enter amount here |
| Recreation | Entertainment (Movies, etc) | | Enter amount here | Enter amount here |
| Hobbies | | Enter amount here | Enter amount here |
| Sports | | Enter amount here | Enter amount here |
| Outings | | Enter amount here | Enter amount here |
| Travel | | Enter amount here | Enter amount here |
| *Others* | | | |  |
| Enter type of expense here | | | Enter amount here | Enter amount here |
| Enter type of expense here | | | Enter amount here | Enter amount here |
| Enter type of expense here | | | Enter amount here | Enter amount here |
| *Total* | | |  |  |
| **Total** | | | Enter total amount here | 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**

|  |
| --- |
| **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 |

|  |
| --- |
| **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[[13]](#footnote-13) 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. E.g. investment, shares, bonds, rental, commissions, interest. [↑](#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. The request for disclosure is set out in Form 31 of the Family Justice Courts Practice Directions 2024. [↑](#footnote-ref-13)