# 206.

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Rule 17(2) FJ(PH)R 2024

## Affidavit in Support of Application to Vary or Revoke Mandatory Treatment Order

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE** | | | | |
| Originating Application No.  Summons No. | | |  |  |
| In the matter of an application under section 13B of the Protection from Harassment Act 2014. | | | | |
| Between | | | | |
| *Appointed Psychiatrist.* | | | | |
| And | | | | |
| *Respondent* | | | | |
| And | | | | |
| *Applicant*\* | | | | |
| **AFFIDAVIT** | | | | |
| I, [*name of appointed psychiatrist*], do make oath (or affirm) and say that the statements contained in the document exhibited and marked “A” are true. | | | | |
| Sworn (or affirmed) on [*date*] at [*location*] (through the interpretation of [*name of interpreter*]. | | | | |
|  | | | | |
| *Before me*  *Commissioner of Oaths / Notary Public\** | | | | |
|  | | | | |
| EXHIBIT “A”  INFORMATION IN SUPPORT OF APPLICATION | | | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 1. | I am the appointed psychiatrist with whom the respondent in this case has been ordered to undergo psychiatric treatment. | | | | | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 2. | I wish to apply to [vary/revoke]\* the mandatory treatment order made on (*date*). | | | | | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 3. | \*I wish for the abovementioned mandatory treatment order to be varied as follows: [*specify variation applied for*] | | | | | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 4. | My reasons for this application are as follows: | | | | | | |
|  |  | There has been a change in the circumstances after the order was made. | | |
| [*specify details of the change*]: | | |
|  | The Respondent has made progress in psychiatric treatment. | | |
| [*specify progress made*]: | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 5. | I attach the following evidence in support of my application: | | | | | | |
| **Confirmation of Contents** | | | | |
| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 6. | I confirm that to the best of my knowledge, information and belief, the information contained in this document is true. | | | | | | |
|  | | | | |
| [*Signature of Appointed Psychiatrist*] | | | | |
|  | | | | |
| Name of Appointed Psychiatrist: | | | | |
|  | | | | |
| Date: | | | | |
| \*Delete where inapplicable. Paragraph 3 applies only if you are applying for a variation. | | | | |