


## Guide for Vulnerable Adults Act (VAA) Protective Order Application via iFAMS

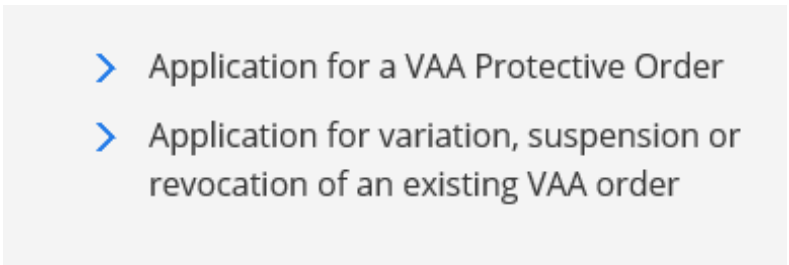
**1.** You will see the screen below when you reached iFAMS homepage (<https://iFAMS.gov.sg>).



The screenshot shows a grid of four application options:

- MAINTENANCE ORDER APPLICATION**: Applications for maintenance orders and applications for enforcement, variation and rescission of existing maintenance orders.
- PROTECTION ORDER APPLICATION**: Applications for personal protection orders and applications to vary, suspend or revoke personal protection orders.
- MENTAL CAPACITY ACT APPLICATION**: Applications for appointment of a deputy and/or orders under the MCA.
- VULNERABLE ADULTS ACT APPLICATION**: Applications for Orders under the VAA.

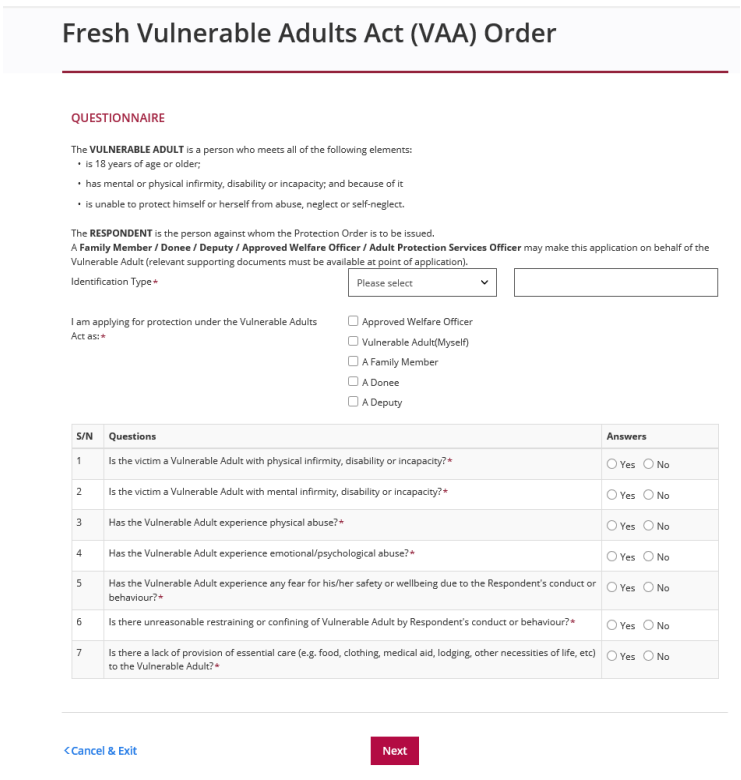
**2.** Click on the 'Vulnerable Adults Act Application' option and select the option 'Application for a VAA Protective Order' (similarly for other application types).



The screenshot shows two selectable options:

- > Application for a VAA Protective Order
- > Application for variation, suspension or revocation of an existing VAA order

**3.** You will be prompted to complete the questionnaire and click 'Next' to proceed.



The screenshot shows the 'Fresh Vulnerable Adults Act (VAA) Order' questionnaire form. It includes a definition of a vulnerable adult, a list of respondent roles, and a table of questions with radio button answers.

**QUESTIONNAIRE**

The **VULNERABLE ADULT** is a person who meets all of the following elements:

- is 18 years of age or older;
- has mental or physical infirmity, disability or incapacity; and because of it
- is unable to protect himself or herself from abuse, neglect or self-neglect.

The **RESPONDENT** is the person against whom the Protection Order is to be issued.  
 A **Family Member / Donee / Deputy / Approved Welfare Officer / Adult Protection Services Officer** may make this application on behalf of the Vulnerable Adult (relevant supporting documents must be available at point of application).

Identification Type\*

I am applying for protection under the Vulnerable Adults Act as:\*

- Approved Welfare Officer
- Vulnerable Adult(Myself)
- A Family Member
- A Donee
- A Deputy

S/N	Questions	Answers
1	Is the victim a Vulnerable Adult with physical infirmity, disability or incapacity?*	<input type="radio"/> Yes <input type="radio"/> No
2	Is the victim a Vulnerable Adult with mental infirmity, disability or incapacity?*	<input type="radio"/> Yes <input type="radio"/> No
3	Has the Vulnerable Adult experience physical abuse?*	<input type="radio"/> Yes <input type="radio"/> No
4	Has the Vulnerable Adult experience emotional/psychological abuse?*	<input type="radio"/> Yes <input type="radio"/> No
5	Has the Vulnerable Adult experience any fear for his/her safety or wellbeing due to the Respondent's conduct or behaviour?*	<input type="radio"/> Yes <input type="radio"/> No
6	Is there unreasonable restraining or confining of Vulnerable Adult by Respondent's conduct or behaviour?*	<input type="radio"/> Yes <input type="radio"/> No
7	Is there a lack of provision of essential care (e.g. food, clothing, medical aid, lodging, other necessities of life, etc) to the Vulnerable Adult?*	<input type="radio"/> Yes <input type="radio"/> No

< Cancel & Exit

4. Please read the instructions before clicking the 'Next' option to proceed.

### Fresh Vulnerable Adults Act (VAA) Order

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**INSTRUCTIONS**

This form will take approximately **25 minutes** to complete.  
Please have softcopies of the following documents available:

- Mental Capacity Assessment Form (if the Vulnerable Adult lacks mental capacity)
- Lasting Power of Attorney
- Any other reports or facts to support your application

Please ensure that you have a valid email address for updates to be sent.  
Please note that if the application is not in order, it is liable to be rejected or dismissed.  
Please also note that, depending on the nature of the application field, further documents will be required. These will be set out in the relevant  section(s).  
In subsequent sections of the Application, you would be referred to as the Applicant.

[< Cancel & Exit](#)     

5. Click on the 'Login' option and select 'Individuals' option to login using your Singpass.

### Fresh Vulnerable Adults Act (VAA) Order

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Please proceed to create a draft application for a Vulnerable Adults Act Order.

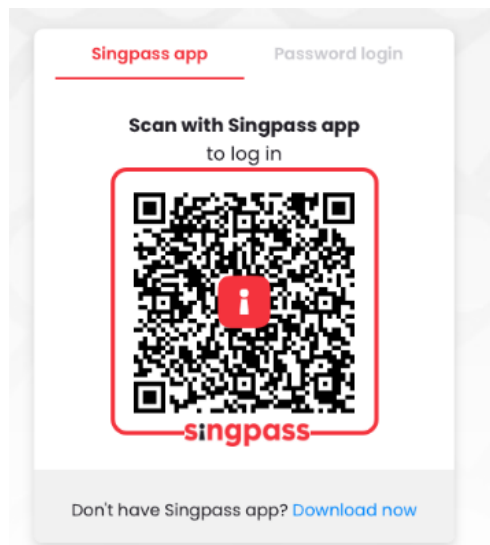
Note  
This is a draft application. After completing this draft, you will need to go to the Family Justice Courts or an authorised agency for verification of your documents and to complete your application.

[< Cancel & Exit](#)     

**WITH EFFECT FROM 11 APR 2021, YOU  
WILL BE REQUIRED TO LOG IN WITH  
SINGPASS:**

[Individuals](#)


[Authorised Agency](#)



[Singpass app](#)      [Password login](#)

**Log in**

6. Select 'Yes' to retrieve your personal details from *Myinfo* for your application.

Do you confirm that you wish to retrieve data from Myinfo  \*  Yes  No

7. Complete the *Application Details* and click on 'Next' to proceed.  
Note that fields marked with \* are mandatory to be filled up.

### Fresh Vulnerable Adults Act (VAA) Order

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Application Details Your Details Vulnerable Adult Details Respondent Details Supporting Documents Appointment Venue

This form will take approximately 25 minutes to complete.

#### APPLICATION DETAILS

Order applying for\*

VAA Protective Order/s

- Section 14(1)(e) - Restraining Order
- Section 14(1)(f) - Exclusion Order
- Section 14(1)(g) - Non-access Order
- Section 14(1)(h) - Non-visitation / Non-communication Order

#### PROTECTIVE ORDER/S DETAILS

Date and time of latest abuse/neglect incident\*

Place where abuse/neglect took place\*

Brief details of latest incident of abuse/neglect\*

Upload Document

Injuries Sustained

Past history of Abuse / Neglect

S/N	Date Time	Place	Abuse / Neglect Type	Action
No records found.				

[Add Past Incident](#)

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[<Cancel & Exit](#) [Previous](#) [Save as Draft](#) [Next](#)

8. *Your Details* will need to be completed before clicking on 'Next' to submit. Note that fields marked with \* are mandatory to be filled up.

## Fresh Vulnerable Adults Act (VAA) Order

Application Details
**Your Details**
Vulnerable Adult Details
Respondent Detail
Supporting Documents
Appointment Venue

**YOUR DETAILS**

Identification Details

Language

Address

Contact Details

**Nationality & Background**

### IDENTIFICATION DETAILS

Your Name\*

Identification Type\*

Identification No.\*

Date of Birth\*

Gender\*  Male  Female

Staying Together with Respondent  Yes  No

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### LANGUAGE

Are you able to communicate in English in Court?  Yes  No

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### ADDRESS

Type\*  Local  Foreign

Business Address  Residential Address

Postal Code\*

Address / Contact Information is Confidential\*  Yes  No

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### CONTACT DETAILS

Email

Home Tel.

Mobile Tel.

Office Tel.

Fax No.

Other Contact Information

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### NATIONALITY & BACKGROUND

Nationality\*  Singapore Citizen  Singapore PR  Foreigner  Stateless

Religion\*

Race\*

Education\*

Occupation\*

Minimum gross household income each month\*

Maximum gross household income each month\*

Applicant's income each month\*

[Cancel & Edit](#)

9. Fill up the other Vulnerable Adult's details.  
Note that fields marked with \* are mandatory to be filled up.

## Fresh Vulnerable Adults Act (VAA) Order

Application Details
Your Details
Vulnerable Adult Details
Respondent Details
Supporting Documents
Appointment Venues

**VULNERABLE ADULT DETAILS**

Identification Details

Language

Residential Address

Contact Details

**Nationality & Background**

### IDENTIFICATION DETAILS

Vulnerable Adult's Name\*

Identification Type\*   Unknown

Identification No.\*   Unknown

Date of Birth / Age (if DOB is unknown)\*     Unknown

Gender\*  Male  Female

Physical Infirmy / Disability / Incapacity  Yes  No  Unsure

Mental Infirmy / Disability / Incapacity  Yes  No  Unsure

Request for VAA attendance to be dispersed with\*  Yes  No

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### LANGUAGE

Will Vulnerable Adult be able to communicate in English in Court?  Yes  No

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### RESIDENTIAL ADDRESS

Type\*  Local  Foreign

Business Address  Residential Address

Postal Code\*

Address / Contact Information is Confidential  Yes  No

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### CONTACT DETAILS

Email

Home Tel.

Mobile Tel.

Office Tel.

Fax No.

Other Contact Information

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### NATIONALITY & BACKGROUND

Nationality\*  Singapore Citizen  Singapore PR  Foreigner  Stateless

Religion   Unknown

Race   Unknown

Education   Unknown

Occupation   Unknown

Minimum gross household income each month   Unknown

Maximum gross household income each month   Unknown

Vulnerable Adult's income each month   Unknown

< Cancel & Exit

10. Fill up the other party's details (also known as Respondent).  
Note that fields marked with \* are mandatory to be filled up

## Fresh Vulnerable Adults Act (VAA) Order

Application Details
Your Details
Vulnerable Adult Details
Respondent Details
Supporting Documents
Appointment Venue

**RESPONDENT DETAILS**

Identification Details

Language

Residential Address

Contact Details

Nationality & Background

**IDENTIFICATION DETAILS**

Respondent's Name\*

Identification Type\*   Unknown

Identification No.\*   Unknown

Date of Birth

Gender\*  Male  Female

Relationship\* The Respondent is the  of Vulnerable Adult.

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**LANGUAGE**

Will Respondent be able to communicate in English in Court?\*  Yes  No  Unknown

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**RESIDENTIAL ADDRESS**

Type\*  Address unknown  
 Use Vulnerable Adult's Address  
 Local  Foreign

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**CONTACT DETAILS**

Email

Home Tel.

Mobile Tel.

Office Tel.

Fax No.

Other Contact Information

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**NATIONALITY & BACKGROUND**

Nationality  Singapore Citizen  
 Singapore PR  
 Foreigner  
 Stateless

Religion

Race\*

Education

Occupation

Minimum gross household income each month

Maximum gross household income each month

Respondent's income each month

< Cancel & Exit
Previous
Save as Draft
Next

11. Proceed to upload all supporting documents. Use the '+Add File' option to do so. Thereafter, click on 'Next' to proceed. Please save your document file in PDF format (less than 4MB per file).

## Fresh Vulnerable Adults Act (VAA) Order

<input checked="" type="checkbox"/> Application Details	<input checked="" type="checkbox"/> Your Details	<input checked="" type="checkbox"/> Vulnerable Adult Details	<input checked="" type="checkbox"/> Respondent Details	<input checked="" type="checkbox"/> Supporting Documents	<input type="checkbox"/> Appointment Venue
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### SUPPORTING DOCUMENTS

S/N	File Type	File	Action
1	Authorisation under sec 3(11) VAA		<a href="#">+</a> <a href="#">-</a>
2	Authorization from Director		<a href="#">+</a> <a href="#">-</a>
3	Mental Capacity Assessment Form		<a href="#">+</a> <a href="#">-</a>
4	Lasting Power of Attorney		<a href="#">+</a> <a href="#">-</a>
5	Letter of Appointment		<a href="#">+</a> <a href="#">-</a>
6	Consent Form		<a href="#">+</a> <a href="#">-</a>
7	Physical Capacity Assessment Form		<a href="#">+</a> <a href="#">-</a>
8	Medical Report		<a href="#">+</a> <a href="#">-</a>
9	Police Report		<a href="#">+</a> <a href="#">-</a>
10	Copy of VA's ID		<a href="#">+</a> <a href="#">-</a>
11	Facts in Support of Application		<a href="#">+</a> <a href="#">-</a>

[+ Add File](#)

[< Cancel & Exit](#)

[Previous](#)

[Save as Draft](#)

[Next](#)

12. Fill up your preferred *Appointment Venue*, *Appointment Date* and *Time* before clicking on 'Submit' to proceed with the application.

## Fresh Vulnerable Adults Act (VAA) Order

<input checked="" type="checkbox"/> Application Details	<input checked="" type="checkbox"/> Your Details	<input checked="" type="checkbox"/> Vulnerable Adult Details	<input checked="" type="checkbox"/> Respondent Details	<input checked="" type="checkbox"/> Supporting Documents	<input checked="" type="checkbox"/> Appointment Venue
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Should you require further assistance, you may approach the Family Violence Specialist Centre at their respective venues:  
[Authorized Agency](#)

Alternatively, you may also approach the Family Service Centre nearest to your residential area for assistance.

Complaint Details

[View Complaint Details](#)

Venue\*

Please select

Appointment Date\*

dd/mm/yyyy

Time\*

hh:mm

AM  PM

Please note that the opposing party may be able to apply to the Court for a copy of your application form.

Declaration

I, TAN TST, confirm and declare that -

(i) The matters stated in the written complaint are true and correct; and

(ii) I understand that I commit an offence under section 199 of the Penal Code (Cap. 224) if I make, in the written complaint, any statement which is false, and which I know or believe to be false or do not believe to be true, touching any point material to the object for which the written complaint is made or used.

[< Cancel & Exit](#)

[Previous](#)

[Save as Draft](#)

[Submit](#)

- 13.** Upon successful submission, the following 'ACKNOWLEDGEMENT' page with your case reference number will be generated. Please take note of the reference number for any follow-up queries. You may also print or save a copy of the application submitted.

## Acknowledgement Page

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### ACKNOWLEDGEMENT

Your application has been drafted **successfully** with Family Justice Courts on 19/04/2021 at 08:01 AM.

Please visit Family Justice Courts on 21/04/2021 at 02:00 PM to continue your application. Application at the selected venue will take 2-3 hours.

Please note that your draft application will expire after 28 days from today.

Kindly arrange for a language interpreter to accompany you if you are not conversant in the English Language.

Please note the following reference number for your case:

VSA 15/2021

Address of Family Justice Courts:  
3 Havelock Square,  
Singapore 059725

Contact Number of Family Justice Courts:  
64355471

[Print Acknowledgement Page](#)

[View Application Form](#)

[Back to Main Menu](#)