

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

MSS of

COMPLAINANT'S STATEMENT

(application for maintenance for self and/or child(ren) only)

PART A: (1) PERSONAL PARTICULARS

Full Name:	
NRIC / Passport No:	
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)
Highest educational qualification(s):	
Medical conditions disability/incapacity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(This only applies for incapacitated husbands claiming for maintenance)	If Yes, 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 which complies with Rule 87A of the Family Justice Rules. Such by a registered medical practitioner must state, (a) the nature of the disability or illness causing you to be incapacitated, (b) the date you began to suffer such disability or illness, (c) the extent you are incapacitated from earning a livelihood, and (d) the period to time you are or have been incapacitated from earning a livelihood)

<u>Confirmation of submission of supporting documents</u> I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as " <i>Complainant's Part A Documents</i> "	<input type="checkbox"/> Documents relating to my medical disability or incapacity (where applicable)
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PART B: PARTICULARS OF MARRIAGE AND/OR CHILDREN

If you are married to the Respondent, is the Marriage a Muslim Marriage?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. (A Muslim marriage is where both parties were Muslim at the time of marriage, and the marriage as solemnised in accordance with Muslim Law)												
Are there currently any divorce proceedings in the Family Court or Syariah Court?	<input type="checkbox"/> Yes. If Yes, please provide: (i) Case No: (ii) Court: (iii) Date of application: <input type="checkbox"/> No.												
Has there been an order dissolving the marriage?	<input type="checkbox"/> Yes. _____ was granted on _____ <input type="checkbox"/> No. <input type="checkbox"/> Not applicable (please provide the relevant court order(s) where applicable)												
Are there any children to the marriage?	<input type="checkbox"/> Yes. If Yes, please provide: (i) No. of children: (ii) Name / Age of children: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="background-color: #d3d3d3;">Name</th> <th style="background-color: #d3d3d3;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p style="margin-left: 40px;">*If there is additional information which require more rows, please include such additional information in Part (E).</p> <input type="checkbox"/> No.	Name	Age										
Name	Age												

<p><u>Confirmation of submission of supporting documents</u></p> <p>I confirm that I have provided the following required documents, where applicable, and uploaded</p>	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Court Order(s) dissolving the Marriage <input type="checkbox"/> Birth Certificates of Children
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them on iFAMS as "Complainant's Part B Documents"	
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PART C: CLAIM FOR MAINTENANCE

Who are you claiming maintenance for?	<input type="checkbox"/> For myself <u>only</u> ; or <input type="checkbox"/> For my child(ren) <u>only</u> ; or <input type="checkbox"/> For myself <u>and</u> my child(ren).
<p>If you are:</p> <p>(i) making a claim for your child(ren); and</p> <p>(ii) wish for such maintenance order to extend beyond the age of 21 years old,</p> <p>please indicate the relevant special circumstances here.</p>	<input type="checkbox"/> mental or physical disability; or <input type="checkbox"/> serving full-time national service; or <input type="checkbox"/> receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or <input type="checkbox"/> other special circumstances (please state): <p>(Please Note: If the child(ren) are already above 21 years old <u>at the time of the application</u>, and are able to make such application by themselves, they are required to <u>make a separate application on their own.</u>)</p>
<p>If you are a <u>child above 21 claiming for maintenance against your parent</u>, please state brief reasons for making such an application</p>	<input type="checkbox"/> serving full-time national service; or <input type="checkbox"/> receiving instruction at an educational establishment or undergoing training for a trade, profession or vocation, whether or not while in gainful employment; or <input type="checkbox"/> other special circumstances (please state):
<p>I am making the following claim(s) for maintenance</p> <p>(please fill in the appropriate sections for your claim(s).)</p>	<p><u>Lump Sum Maintenance</u></p> <input type="checkbox"/> I am asking for a lump sum payment of S\$ _____ <p><u>Fixed Monthly Maintenance</u></p> <input type="checkbox"/> I am asking for fixed monthly maintenance of S\$ _____ per month with effect from _____ . Such payment is to be made on the _____ of the month.

You **do not** have to fill up all the sections)

If I am seeking for maintenance for (i) my child(ren) or (ii) myself and my child(ren), please list out the specific amount for each recipient:

S/N	Recipient	Monthly Amount (\$)
1.		
2.		
3.		
4.		
5.		
Total		

*If there is additional information which require more rows, please include such additional information in Part (E).

Maintenance for specific expenses

I am asking for maintenance of the specific expenses (e.g. *medical, dental reimbursement*):

S/N	Item of Expense	Monthly Amount (\$) / % Reimbursement
1.		
2.		
3.		
4.		
5.		
Total		

*If there is additional information which require more rows, please include such additional information in Part (E).

(Please note that if you are claiming for maintenance for specific expenses and fixed monthly expenses, you should not repeat those expenses in your claim for your fixed monthly sums. Such repetition may be rejected by the Court)

My maintenance claims should be paid into the following bank account:

Name of Bank:	
Account Number:	

The Respondent has been paying for some expenses:

The Respondent has been making the following payments (e.g., *allowance, utilities, mortgage, etc*)

S/N	Type of Expenses	Monthly Amount (S\$)
1.		
2.		
3.		
4.		
5.		
Total		

*If there is additional information which require more rows, please include such additional information in Part (E).

(please provide the relevant supporting documents of such payments where applicable)

<p><u>Confirmation of submission of supporting documents</u></p> <p>I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part C Documents"</p>	<input type="checkbox"/> Evidence of the Respondent's contribution to maintenance (i.e., transfer receipts, payment receipts, and etc)
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PART D1: MY FINANCIAL POSITION – INCOME

<p>Occupation:</p> <p>(if you are presently unemployed, please state (i) when you were last employed, and (i) the job that you were previously in)</p>	<p>(please provide proof of your employment (e.g., employment contract, formal letter from your HR department confirming your employment, etc)</p>
<p>Working Full Time / Part Time:</p>	<p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p>
<p>*Monthly income:</p> <p>(if unemployed, please state last drawn salary)</p>	<p>(please provide the following: (i) payslips for the last 6 months, and (ii) CPF statements for the past 6 months)</p>
<p>*Annual income:</p>	<p>(please provide your IRAS Notice of Assessment for the past 3 years)</p>

<p>*Other sources of income</p> <p>(e.g., investment, shares, bonds, rental, commissions, interest)</p>	<p><input type="checkbox"/> I do not have other sources of income.</p> <p><input type="checkbox"/> I have other sources of income. These are:</p> <table border="1" data-bbox="533 356 1385 725"> <thead> <tr> <th>S/N</th> <th>Type of Income</th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr> <td colspan="2">Total</td> <td></td> </tr> </tbody> </table> <p><i>*If there is additional information which require more rows, please include such additional information in Part (E) (please all relevant supporting documents to show such other income)</i></p>	S/N	Type of Income	Monthly Amount (S\$)	1.			2.			3.			4.			5.			Total		
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1.																						
2.																						
3.																						
4.																						
5.																						
Total																						
<p>Are you on any social welfare or financial assistance scheme?</p>	<p><input type="checkbox"/> Yes. If Yes, please provide details on:</p> <table border="1" data-bbox="533 965 1385 1335"> <thead> <tr> <th>S/N</th> <th>Type of Welfare / Financial Assistance</th> <th>Monthly Amount (S\$)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr> <td colspan="2">Total</td> <td></td> </tr> </tbody> </table> <p><i>*If there is additional information which require more rows, please include such additional information in Part (E). (please all relevant supporting documents to show proof of the above)</i></p> <p><input type="checkbox"/> No.</p>	S/N	Type of Welfare / Financial Assistance	Monthly Amount (S\$)	1.			2.			3.			4.			5.			Total		
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Total																						

<p><u>Confirmation of submission of supporting documents</u></p> <p>I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "<i>Complainant's Part D1 Documents</i>"</p>	<p><input type="checkbox"/> Proof of Employment (i.e., employment contract, and etc)</p> <p><input type="checkbox"/> Payslips for the past 6 months</p> <p><input type="checkbox"/> CPF Statements for the past 6 months</p> <p><input type="checkbox"/> IRAS Notice of Assessment for the past 3 years</p>
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	<input type="checkbox"/> Documents of showing proof of other sources of income <input type="checkbox"/> Documents proving social welfare or financial assistance
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PART D2: MY FINANCIAL POSITION – ASSETS

I have the following assets:

- Please tick the appropriate checkboxes
- Please also indicate assets **jointly owned with others.**
- Please also indicate assets **located in Singapore and overseas.**
- 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	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	<input type="checkbox"/> HDB Flat. No. of rooms: <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed House <input type="checkbox"/> Others: _____	
2.	<input type="checkbox"/> HDB Flat. No. of rooms: <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed House <input type="checkbox"/> Others:	

*If there is additional information which require more rows, please include such additional information in Part (E).

SECURITIES (e.g., shares, bonds)

I own the following securities:

S/N	Type Securities	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.		
2.		
3.		

*If there is additional information which require more rows, please include such additional information in Part (E).

BANK ACCOUNTS

I own the following bank account(s):

S/N	Type of Bank Account	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	Bank: Type: Account No:	
2.	Bank: Type: Account No:	
3.	Bank: Type: Account No:	
4.	Bank: Type: Account No:	

*If there is additional information which require more rows, please include such additional information in Part (E).

** Please ensure you provide the bank statements for the above accounts **for the past 6 months.**

VEHICLE

I own the following vehicle(s):

S/N	Type of Vehicle	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.	Type: Year of purchase: Brand/Model: Registration Number:	
2.	Type: Year of purchase: Brand/Model: Registration Number:	

*If there is additional information which require more rows, please include such additional information in Part E.

OTHER ASSETS

I own the following asset(s):

S/N	Type of Asset <i>(this includes any digital assets (e.g., cryptocurrency, Non-fungible tokens (NFTs), and Central bank digital currencies (CBDCs))</i>	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
1.		
2.		
3.		
4.		
5.		

*If there is additional information which require more rows, please include such additional information in Part (E).

Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part D2 Documents"

- Documents showing value of property(s)
- Documents showing value of security(s)
- Bank(s) statements for the past 6 months
- Documents showing value of vehicle(s)
- Documents showing value of other asset(s)

PART D3: 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 purchase, etc. and provide supporting documents

Liabilities / Debts	Amount	Details (e.g. monthly repayment amount, when liability ends)	Document(s) I am providing

*If there is additional information which require more rows, please include such additional information in Part E.

Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part D3 Documents"

- Documents and receipts to prove debt(s) and/or liability(s)

PART D4: MY FINANCIAL POSITION – EXPENSES

PERSONAL EXPENSES

Type of Expense		Amount per month (\$\$) <i>(Please put a dash (“-”) for items which are not applicable)</i>
<i>Housing Expenses</i>		
Mortgage Loan	Cash	
	CPF	
Rent (if applicable)		
Utilities (Electricity / Water / Gas)		
Conservancy Charges / Town Council Service & Conservancy Charges		
Cable TV / TV Streaming Services		
Internet		
Home telephone line		
Domestic Helper	Salary	
	Levy	
	Medical	
	Others	
Others (please specify)		
<i>Food / Groceries</i>		
Food		
Groceries		
Dining Out		
<i>Public Transport</i>		
Taxi / Private Hire		
Bus / MRT		
Concession Passes		
<i>Private Transport</i>		
Vehicle Loan (or Hire Purchase)		

Type of Expense		Amount per month (S\$) <i>(Please put a dash ("-") for items which are not applicable)</i>
Rental (if you do not own a vehicle, but are renting one instead)		
Fuel		
Road Tax		
Motor Insurance		
ERP		
Others		
Medical / Dental / Insurance		
Medical		
Dental		
Personal Insurance(s) <i>(including but not limited to Health , Accident , Hospitalisation, Critical Illness, Income, Mortgage Insurance)</i>		
<i>Personal Expenses</i>		
Clothing		
Shoes		
Personal Grooming		
Toiletries		
Supplements		
Mobile phone	Post-paid	
	Pre-paid	
	Calling Cards	
Computer / IT Gadgets / Other Equipment		
Allowance for parents		
Recreation	Entertainment (Movies, etc)	
	Hobbies	
	Sports	
	Outings	
	Travel	
Cigarettes / Alcohol		

*If there is additional information which require more rows, please include such additional information in Part (E).

Others	

*If there is additional information which require more rows, please include such additional information in Part (E).

CHILD(REN) EXPENSES (IF APPLICABLE)

Type of Expense	Amount <u>per month</u> (S\$) <i>(Please put a dash ("-") for items which are not applicable)</i>
<i>Food / Groceries</i>	
Food	
Groceries	
Dining Out	
<i>Transport</i>	
Taxi / Private Hire	
Bus / MRT	
Concession Passes	
<i>Medical / Dental / Insurance</i>	
Medical	
Dental	
Personal Insurance <i>(including but not limited to Health , Accident , Hospitalisation, Critical Illness, Income, Mortgage Insurance)</i>	
<i>School-related expenses</i>	
School Fees	
Pocket Money	
School Bus	
Enrichment / Tuition	
Stationery	
Assessment Books	

Type of Expense		Amount <u>per month</u> (S\$) <i>(Please put a dash (“-”) for items which are not applicable)</i>
School Books / Assessment Books		
School Uniform		
<i>Childcare expenses</i>		
Childcare fees		
Student Care fees		
After School Care fees		
<i>Personal Expenses</i>		
Diapers		
Clothing		
Personal Grooming		
Toiletries		
Mobile phone	Post-paid	
	Pre-paid	
	Calling Cards	
Computer / IT Gadgets / Other Equipment		
Recreation	Entertainment (Movies, etc)	
	Hobbies	
	Sports	
	Outings	
	Travel	
<i>Others</i>		

*If there is additional information which require more rows, please include such additional information in Part (E).

**Please ensure you provide the relevant receipts/supporting documents showing proof of the expenses you have highlighted above.

<u>Confirmation of submission of supporting documents</u>	<input type="checkbox"/> Documents and receipts showing proof of personal expenses
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I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part D4 Documents"

Documents and receipts showing proof of children's expenses

PART E: OTHER FURTHER INFORMATION TO 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)

Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Complainant's Part E Documents"

Bankruptcy Order(s)
 All supporting documents for the information stated in this Part.

DECLARATION

I, _____, confirm and declare that:

- (a) The matters stated in this Statement are true and correct;
- (b) I understand that I am committing an offence under section 199 of the Penal Code (Cap. 224) if I make 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 statement is made or used; and
- (c) The documents which I wish to rely on at the trial for this matter are filed together with this Statement. I understand that if there are documents which I want to rely on which are not filed with this Statement, I may not be able to rely on them later at trial.

Signature (Click on Fill & Sign if you wish to do a digital signature)

Name:

Date: