

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

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RESPONDENT'S STATEMENT

(in response to the Complainant's application. For further details of the Complainant's claim, please obtain a copy of the Complainant's Complaint Form at <https://ifams.gov.sg> using your SingPass)

PART A: (1) PERSONAL PARTICULARS

Full Name:	
NRIC / Passport No:	
Relationship to the Complainant:	He/She is my:
Residential address: (please note that this address may be used to: (i) receive subsequent court notifications, and (ii) as the address for the respondent to send relevant documents in these proceedings)	
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 complainant to send relevant documents in these proceedings)
Mobile No:	<input type="checkbox"/> Please tick this box if you wish to keep your mobile number confidential.
Highest educational qualification(s):	
Medical conditions disability/incapacity?	<input type="checkbox"/> No <input type="checkbox"/> Yes 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)
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<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>“Respondent’s Part A Documents”</i></p>	<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

Are you married to the Complainant?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Previously married, but now divorced.
If <u>Yes</u> , is the Marriage a Muslim Marriage?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <p>(A Muslim marriage is where both parties were Muslims at the time or marriage, and the marriage as solemnised in accordance with Muslim Law)</p>
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.
If previously married, but now	was granted on

divorced, please give details of such order dissolving the marriage.	(please provide the relevant court order(s) where applicable)												
Are there any children to the marriage?	<input type="checkbox"/> Yes. If Yes, please provide: <ul style="list-style-type: none"> (i) No. of children: _____ (ii) Name / Age of children: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th style="background-color: #cccccc;">Name</th> <th style="background-color: #cccccc;">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 them on iFAMS as "Respondent's Part B Documents"</p>	<input type="checkbox"/> Court Order(s) dissolving the Marriage
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PART C: RESPONSE TO MAINTENANCE CLAIM

<p>What is my response?</p> <p>(Please tick the correct checkbox(s))</p>	<p><u>If the maintenance claim is for the Complainant OR child(ren) only</u></p> <input type="checkbox"/> I am consenting to the application in full
	<input type="checkbox"/> I am prepared to consent to the application, but on a different amount and/or terms.
	<input type="checkbox"/> I disagree with the application, as I have already been providing reasonable maintenance

If the maintenance claim is for the **Complainant AND child(ren) only**

I am consenting to the application in full

I am willing to consent to the maintenance claim in full for the Complainant, but not the child(ren)

I am willing to consent to the maintenance claim in full for the child(ren), but not the Complainant

I am prepared to consent to the application, but on a different amount and/or terms.

I disagree with the application, as I have already been providing reasonable maintenance

Maintenance Proposal

If you have ticked "*I am prepared to consent to the application on a different amount or terms*", please state your proposal here:

Fixed monthly payments

S/N	Recipient	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).

Such payment is to be made on the of the day of each month.

Payment of specific expenses (where applicable)

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

	5.		
	Total		
*If there is additional information which require more rows, please include such additional information in Part (E).			
Expenses paid by the Respondent	Please state the expenses you have been making for the Complainant and/or the children (e.g., allowance, utilities, mortgage, etc)		
	S/N	Type of Expense	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).		
	(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 "Respondent'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>
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Working Full Time / Part Time:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time																					
*Monthly income: (if unemployed, please state last drawn salary)	(please provide the following: (i) payslips for the last 6 months, and (ii) CPF statements for the past 6 months)																					
*Annual income:	(please provide your IRAS Notice of Assessment for the past 3 years)																					
*Other sources of income (e.g., investment, shares, bonds, rental, commissions, interest)	<input type="checkbox"/> I do not have other sources of income. <input type="checkbox"/> I have other sources of income. These are: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 10%;">S/N</th> <th style="width: 60%;">Type of Income</th> <th style="width: 30%;">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 style="font-weight: bold;"> <td colspan="2">Total</td> <td></td> </tr> </tbody> </table> <p>*If there is additional information which require more rows, please include such additional information in Part (E).</p> <p>(please all relevant supporting documents to show such other income)</p>	S/N	Type of Income	Monthly Amount (S\$)	1.			2.			3.			4.			5.			Total		
S/N	Type of Income	Monthly Amount (S\$)																				
1.																						
2.																						
3.																						
4.																						
5.																						
Total																						
Are you on any social welfare or financial assistance scheme?	<input type="checkbox"/> Yes. If Yes, please provide details on: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 10%;">S/N</th> <th style="width: 60%;">Type of Welfare / Financial Assistance</th> <th style="width: 30%;">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 style="font-weight: bold;"> <td colspan="2">Total</td> <td></td> </tr> </tbody> </table> <p>*If there is additional information which require more rows, please include such additional information in Part (E).</p> <p>(please all relevant supporting documents to show proof of the above)</p> <input type="checkbox"/> No.	S/N	Type of Welfare / Financial Assistance	Monthly Amount (S\$)	1.			2.			3.			4.			5.			Total		
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1.																						
2.																						
3.																						
4.																						
5.																						
Total																						

Confirmation of submission of supporting documents

I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Respondent's Part D1 Documents"

- Proof of Employment (i.e., employment contract, and etc)
- Payslips for the past 6 months
- CPF Statements for the past 6 months
- IRAS Notice of Assessment for the past 3 years
- Documents of showing proof of other sources of income
- Documents proving social welfare or financial assistance

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	

S/N	Type of Property	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
	<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 of 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 Accounts	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:	

S/N	Type of Bank Accounts	Amount / Value (S\$) <i>(if asset is foreign, please also state corresponding foreign currency value)</i>
	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 Vehicles	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).

<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 "Respondent's Part D2 Documents"</p>	<p><input type="checkbox"/> Documents showing value of property(s)</p> <p><input type="checkbox"/> Documents showing value of security(s)</p> <p><input type="checkbox"/> Bank(s) statements for the past 6 months</p> <p><input type="checkbox"/> Documents showing value of vehicle(s)</p> <p><input type="checkbox"/> Documents showing value of other asset(s)</p>
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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 <i>(e.g. monthly repayment amount, when liability ends)</i>	Document(s) I am providing

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

<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 "Respondent's Part D3 Documents"</p>	<input type="checkbox"/> Documents and receipts to prove debt(s) and/or liability(s)
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PART D4: MY FINANCIAL POSITION – EXPENSES

PERSONAL EXPENSES

Type of Expense		Amount per month (S\$) <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)		

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>Public Transport</i>	
Taxi / Private Hire	
Bus / MRT	
Concession Passes	
<i>Private Transport</i>	
Vehicle Loan (or Hire Purchase)	
Rental (if you do not own a vehicle, but are renting one instead)	
Fuel	
Road Tax	
Motor Insurance	
ERP	
Others	
<i>Medical / Dental / Insurance</i>	
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	

Type of Expense		Amount <u>per month</u> (S\$) <i>(Please put a dash ("-") for items which are not applicable)</i>
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		
<i>Others</i>		

*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		

Type of Expense	Amount <u>per month</u> (S\$) <i>(Please put a dash ("-") for items which are not applicable)</i>	
Concession Passes		
Medical / Dental / Insurance		
Medical		
Dental		
Personal Insurance <i>(including but not limited to Health , Accident , Hospitalisation, Critical Illness, Income, Mortgage Insurance)</i>		
School-related expenses		
School Fees		
Pocket Money		
School Bus		
Enrichment / Tuition		
Stationery		
Assessment Books		
School Books / Assessment Books		
School Uniform		
Childcare expenses		
Childcare fees		
Student Care fees		
After School Care fees		
Personal Expenses		
Diapers		
Clothing		
Personal Grooming		
Toiletries		
Mobile phone	Post-paid	
	Pre-paid	
	Calling Cards	
Computer / IT Gadgets / Other Equipment		
	Entertainment (Movies, etc)	

Type of Expense		Amount <u>per month</u> (S\$) <i>(Please put a dash (“-”) for items which are not applicable)</i>
Recreation	Hobbies	
	Sports	
	Outings	
	Travel	
<i>Others</i>		

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

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

<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 “Respondent’s Part D4 Documents”</p>	<p><input type="checkbox"/> Documents and receipts showing proof of personal expenses</p> <p><input type="checkbox"/> Documents and receipts showing proof of children’s expenses</p>
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PART E: OTHER FURTHER INFORMATION TO THE COURT

<p>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)</p>	
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(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 "Respondent'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 is filed together with this Statement. I understand that if there are documents which I wish to rely on but have not been filed together 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: