

**FAMILY INTEGRATED
APPLICATION
MANAGEMENT SYSTEM
(iFAMS)
For
FAMILY JUSTICE COURTS**


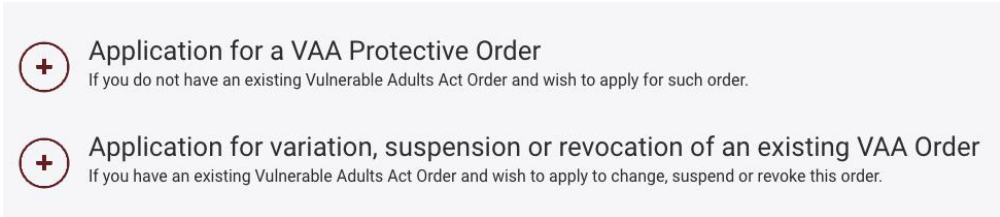
**USER GUIDE for
Vulnerable Adults Act (VAA) Protective order
Application**

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

1.	<p>You will see the screen below when you reached iFAMS homepage (https://iFAMS.gov.sg).</p>  <p>The screenshot shows a dark red background with four white text boxes. The top-left box is titled 'MAINTENANCE ORDER APPLICATION' and describes applications for enforcement, variation, and rescission of existing maintenance orders. The top-right box is titled 'PROTECTION ORDER APPLICATION' and describes applications for personal protection orders and variations. The bottom-left box is titled 'MENTAL CAPACITY ACT APPLICATION' and describes applications for appointment of a deputy and/or orders under the MCA. The bottom-right box is titled 'VULNERABLE ADULTS ACT APPLICATION' and describes applications for orders under the VAA. Each box has a downward-pointing chevron icon below it.</p>
2.	<p>Click on the 'Vulnerable Adults Act Application' option and select the option 'Application for a VAA Protective Order' (similarly for other application types).</p>  <p>The screenshot shows two application options, each with a plus sign icon in a circle. The first option is 'Application for a VAA Protective Order' with the subtext 'If you do not have an existing Vulnerable Adults Act Order and wish to apply for such order.' The second option is 'Application for variation, suspension or revocation of an existing VAA Order' with the subtext 'If you have an existing Vulnerable Adults Act Order and wish to apply to change, suspend or revoke this order.'</p>

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

Fresh Vulnerable Adults Act (VAA) Order

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

Next

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

Fresh Vulnerable Adults Act (VAA) Order

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

Previous

Next

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

Fresh Vulnerable Adults Act (VAA) Order

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

Login

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

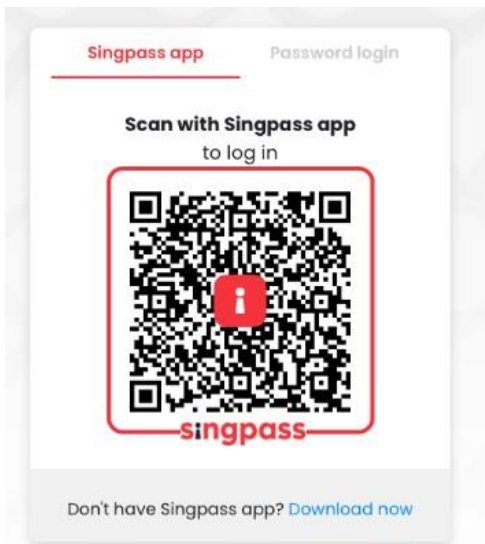
Individuals



Authorised Agency



Cancel



Singpass app

Password login

Log in

Singpass ID

Password

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



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*

YYY MM DD hh:mm AM PM

Place where abuse/neglect took place*

Place of incident

Brief details of latest incident of abuse/neglect*

Please enter detailed description about the incident in paragraphs

Upload Document

Injuries Sustained

Injuries Sustained

Past history of Abuse / Neglect

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

Add Past Incident

< 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

1 Application Details (Completed)
2 Your Details (Active)
3 Vulnerable Adult Details (Incomplete)
4 Respondent Details (Incomplete)
5 Supporting Documents (Incomplete)
6 Appointment Venue (Incomplete)

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

LANGUAGE

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

ADDRESS

Type* Local Foreign

Address / Contact Information is Confidential* Yes No

CONTACT DETAILS

Email

Home Tel.

Mobile Tel.

Office Tel.

Fax No.

Other Contact Information

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 & Exit

Previous
Save as Draft
Next

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

1

Application
Details (Completed)

2

Your Details (Completed)

3

Vulnerable
Adult Details (Active)

4

Respondent
Details (Completed)

5

Supporting
Documents (Completed)

6

Appointment
Order (Completed)

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 Unknown

Mental Infirmy / Disability / Incapacity Yes No Unknown

Request for VAs attendance to be dispersed with* Yes No

LANGUAGE

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

RESIDENTIAL ADDRESS

Type* Local Foreign

Business Address Residential Address

Postal Code*

Address / Contact Information is Confidential* Yes No

CONTACT DETAILS

Email

Home Tel.

Mobile Tel.

Office Tel.

Fax No.

Other Contact Information

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



RESPONDENT DETAILS

Identification Details

Language

Residential Address

Contact Details

Nationality & Background

IDENTIFICATION DETAILS

Respondent's Name*

Please select

Name

Identification Type*

Please select

Unknown

Identification No. *

ID No.

Unknown

Date of Birth

DD

MM

YY

Gender *

Male Female

Relationship*

The Respondent is the of Vulnerable Adult.

LANGUAGE

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

RESIDENTIAL ADDRESS

Type*

Address unknown
 Use Vulnerable Adult's Address
 Local Foreign

CONTACT DETAILS

Email

Email Address

Home Tel.

Home Tel.

Mobile Tel.

Mobile Tel.

Office Tel.

Office Tel.

Fax No.

Fax No.

Other Contact Information

Other Contact Information

NATIONALITY & BACKGROUND

Nationality

Singapore Citizen
 Singapore PR
 Foreigner
 Stateless

Religion

Please select

Race*

Please select

Education

Please select

Occupation

Please select

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



SUPPORTING DOCUMENTS

S/N	File Type	File	Action
1	Authorisation under sec 3(11) VAA		
2	Authorization from Director		
3	Mental Capacity Assessment Form		
4	Lasting Power of Attorney		
5	Letter of Appointment		
6	Consent Form		
7	Physical Capacity Assessment Form		
8	Medical Report		
9	Police Report		
10	Copy of VAs ID		
11	Facts in Support of Application		

+ 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



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.

Application Details

[View Application Details](#)

Venue*

Please select

Appointment Date*

dd/mm/yyyy

Please select

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, BOB, 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

✓ ACKNOWLEDGEMENT

Your application has been drafted **successfully** with Family Justice Courts on 23/05/2023 at 03:37 PM.

Please visit TEST FSC 1 on 24/05/2023 at 09:00 AM 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 1/2023

Address of TEST FSC 1:
#09-22, 2 BEDOK RIA WALK,
Singapore 489696

Intake Hours of TEST FSC 1:
Monday-Friday: 09:00AM - 06:00PM (excluding Public Holidays)

Contact Number of TEST FSC 1:

[Print Acknowledgement Page](#)

[View Application Form](#)

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