

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

Explanatory Notes:

Variation means to change some parts of the court order(s). For instance, to reduce monthly maintenance from \$1000 to \$800 per month.

Suspension means to postpone the payment of some maintenance as required in the court order(s) to a later date. However, the amounts not paid will be accumulated and payable

Rescission means to stop the payment of the maintenance required in the court order(s). This means that the court order(s) is/are no longer effective.

MSS

of

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)	 <input type="checkbox"/> Please tick this box if you wish to keep your residential address confidential.
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/incapacity, where applicable?	<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 practitioners 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)
Are there other personal circumstances which you wish to highlight to the Court? (For example, health issues, special needs, etc)	(please provide the relevant supporting documents where necessary)

<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>"Respondent'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

Are you married to the Complainant?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Previously married, but now divorced.
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<p>If <u>Yes</u>, is the Marriage a Muslim Marriage?</p>	<p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No.</p> <p>(A Muslim marriage is where both parties were Muslims at the time of marriage, and the marriage was solemnised in accordance with Muslim Law)</p>												
<p>Are there any currently any divorce proceedings in the Family Court or Syariah Court?</p>	<p><input type="checkbox"/> Yes. If Yes, please provide:</p> <p style="padding-left: 40px;">(i) Case No: _____</p> <p style="padding-left: 40px;">(ii) Court:</p> <p style="padding-left: 40px;">(iii) Date of application:</p> <p><input type="checkbox"/> No.</p>												
<p>If previously married, but now divorced, please give details of such order dissolving the marriage.</p>	<p style="text-align: center;">_____ was granted on _____</p> <p>(please provide the relevant court order(s) where applicable)</p>												
<p>Are there any children to the marriage?</p>	<p><input type="checkbox"/> Yes. If Yes, please provide:</p> <p style="padding-left: 40px;">(i) No. of children: _____</p> <p style="padding-left: 40px;">(ii) Name / Age of children:</p> <table border="1" data-bbox="751 1274 1383 1659" style="margin-left: 80px;"> <thead> <tr> <th style="text-align: center;">Name</th> <th style="text-align: center;">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>*If there is additional information which require more rows, please include such additional information in Part (E).</p> <p><input type="checkbox"/> No.</p>	Name	Age										
Name	Age												

<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 "Respondent's Part B Documents"	<input type="checkbox"/> Court Order(s) dissolving the Marriage
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PART C1: RESPONSE TO APPLICATION

What is your general response to the Complainant's application? (Please tick the appropriate checkbox(es))	<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 or terms as proposed by the complainant. <input type="checkbox"/> I disagree with the application.
My Counter proposals (Please fill in the appropriate box(es) only if they apply to your case.	Change in amount of maintenance I propose paying:
	Change in mode of payment I propose the mode of payment to be:
	Other changes proposed by Complainant I propose:

**PART C2: DETAILED RESPONSE TO APPLICATION
[TO INSERT IF YOU *DISAGREE* TO THE APPLICATION]**

If you do not agree with the application, please state your reason(s).	
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<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 “Respondent’s Part C Documents”	<input type="checkbox"/> Evidence of the Respondent’s contributions to maintenance (ie., transfer receipts, payment receipts, and etc)
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PART D1: MY FINANCIAL POSITION – INCOME

Occupation:	<u>When the Court order was made</u>	<u>Now</u>
*If there has been a change in employment or employment status since the time of the relevant Court Order, please state: (1) Your employment at the time of the Court order; (2) Your current employment; and (3) If you are currently unemployed, the length of time you have been unemployed.		
	(please provide proof of your employment (e.g., employment contract, formal letter from your HR department confirming your employment, etc))	
Working Full Time / Part Time:	<u>When the Court Order was made</u>	<u>Now</u>
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Monthly Income	<u>When the Court Order was made</u>	<u>Now</u>
	(please provide the following: (i) payslips for the latest 3- 6 months, and (ii) CPF statements for the past 6 months)	

Annual Income	<u>When the Court Order was made</u>	<u>Now</u>																					
	(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"> <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>		S/N	Type of Income	Monthly Amount (S\$)	1.			2.			3.			4.			5.			Total		
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	<p>*If there is additional information which require more rows, please include such additional information in Part (E) (please provide all relevant supporting documents to show such other income)</p>																						
Are you on any social welfare or financial assistance scheme?	<input type="checkbox"/> Yes. If Yes, please provide details on:																						
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	<input type="checkbox"/> No.																						

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 C Documents"

- Proof of Employment (ie., 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 showing proof of other sources of income

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.

PROPERTY

I own the following property(ies):

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).

When the Court order was made, did you have the same property(ies) as declared above?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Please state the changes:-		

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.		
4.		
5.		

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

When the Court order was made, was the total value of the securities similar to what you have declared above?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Please state the changes:-		

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:	

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

When the Court order was made, was the total value of the amount in your bank accounts similar to what you have declared above?	<input type="checkbox"/> <input type="checkbox"/>	Yes No Please state the changes:-
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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:	

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

When the Court order was made, did you have other vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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OTHER ASSETS

S/N	Type of Asset <i>(including 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.

When the Court order was made, was the total value of the other types of assets similar to what you have declared above?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state the changes:-
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<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 "Respondent's Part D2 Documents"	<input type="checkbox"/> Documents showing value of property(s) <input type="checkbox"/> Documents showing value of security(s) <input type="checkbox"/> Bank(s) statements for the past 6 months <input type="checkbox"/> Documents showing value of vehicle(s) <input type="checkbox"/> Documents showing value of other asset(s)
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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 (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).

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

PERSONAL EXPENSES

Type of Expense		Amount per month (\$\$)
		Please put a dash ("-") for items which are not applicable.
<i>Housing Expenses</i>		
Mortgage Loan	Cash	
	CPF	
Rent (if applicable)		
Utilities (Electricity / Water / Gas)		
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)		
Rental (if you do not own a vehicle, but are renting one instead)		

Type of Expense		Amount per month (S\$)
		Please put a dash ("-") for items which are not applicable.
Fuel		
Road Tax		
Motor Insurance		
ERP		
Others		
Medical / Dental / Insurance		
Medical		
Dental		
Personal Insurance(s)		
<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		
<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 per month (\$\$)
		Please put a dash ("-") for items which are not applicable.
<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>School-related expenses</i>		
School Fees		
Pocket Money		
School Bus		
Enrichment / Tuition		
Stationery		
Assessment Books		
School Books / Assessment Books		
School Uniform		
<i>Childcare expenses</i>		
Childcare fees		
<i>Personal Expenses</i>		
Clothing / Diapers		
Personal Grooming		
Toiletries		
Mobile phone	Post-paid	
	Pre-paid	

Type of Expense		Amount per month (\$\$)
	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).

<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 "Respondent's Part D4 Documents"	<input type="checkbox"/> Documents and receipts showing proof of personal expenses <input type="checkbox"/> Documents and receipts showing proof of children's expenses
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PART E: OTHER FURTHER INFORMATION TO INFORM 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)	
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<u>Confirmation of submission of supporting documents</u>	<input type="checkbox"/> Bankruptcy Order(s)
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I confirm that I have provided the following required documents, where applicable, and uploaded them on iFAMS as "Respondent's Part E Documents"

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 1871, 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:

***Important statutory provisions**

Section 72 of the Women's Charter 1961

72.—(1) On the application of any person receiving or ordered to pay a monthly allowance under this Part and on proof of a change in the circumstances of that person, or that person's wife, incapacitated husband or child, or for other good cause being shown to the satisfaction of the court, the court by which the order was made may rescind the order or may vary it as it thinks fit.

(2) Without affecting the extent of the discretion conferred upon the court by subsection (1), the court may, in considering any application made under this section, take into consideration any change in the general cost of living which may have occurred between the date of the making of the order sought to be varied and the date of the hearing of the application.

Section 118 of the Women's Charter 1961

118. The court may at any time vary or rescind any subsisting order for maintenance, whether secured or unsecured, on the application of the person in whose favour or of the person against whom the order was made, or, in respect of secured maintenance, of the legal personal representatives of the latter, where it is satisfied that the order was based on any misrepresentation or mistake of fact or where there has been any material change in the circumstances.