

## **10A. Service on the Immigration and Checkpoints Authority (“ICA”) with Court Orders or Injunctions restraining or prohibiting the taking of child out of jurisdiction**

- (1) This Paragraph applies to parents and/or parties who intend to seek assistance from the ICA to stop a child from being taken out of jurisdiction.
- (2) In proceedings under the Women’s Charter, the Guardianship of Infants Act or the International Child Abduction Act, a Court may grant an order or injunction restraining one or both parent(s) or any other party from taking the child out of jurisdiction without an Order of Court or the consent of the other or both parent(s)/parties.
- (3) Any parent and/or party (hereinafter referred to as “the requestor”) who has been granted an order referred to in sub-paragraph (2) and who intends to seek assistance from the ICA to stop the child from being taken out of jurisdiction must file, prior to notifying the ICA, an undertaking in the prescribed Form 190A of Appendix A to these Practice Directions signed personally by the requestor. The filing is to be done in the e-Litigation system using the document code “Other Supporting Document”.
- (4) The copy of the extracted court order referred to in sub-paragraph (2) and Form 190A that has been filed pursuant to sub-paragraph (3) are to be sent to the ICA via an e-mail not exceeding 5MB in size to the email address set out below (and copied to the other party or the party’s solicitors via email or ordinary mail, whichever applicable) during the ICA’s working hours only and at least one working day in advance before the ICA is to act on the court order:-

ICA’s E-mail address: ICA\_FJC\_Notification@ica.gov.sg

ICA’s working hours are:-

- Mondays to Fridays: 8am to 5pm
- Public Holiday Eves: 8am to 12pm
- Saturdays, Sundays and Public Holidays: Closed.

- (5) The ICA will not provide assistance to stop the child from being taken out of jurisdiction if any party fails to comply with the filing and e-mail requirements provided in this Paragraph.

## 11. Mediation and/or Counselling Directed by Court

- (1) In any proceedings before the Court, it may direct that parties attend mediation and/or counselling (pursuant to section 50 of the Women's Charter (Cap. 353) or section 26(9) of the Family Justice Act 2014 (Act 27 of 2014)) to encourage parties to resolve the matter amicably and assist parties in reaching an agreement or to narrow the issues in contention. Sub-paragraphs (2) to (10) below apply to private mediations ordered by the Court, and sub-paragraphs (11) to (19) below apply to mediations and/or counselling conducted by the Court.
- (1A) It is the professional duty of advocates and solicitors to advise their clients about mediation. Mediation should be considered at the earliest possible stage in order to facilitate an amicable resolution of the dispute.

### Court Ordered Private Mediation

- (2) With effect from ~~1 October 2016~~ **1 January 2019**, the Court will no longer conduct mediation in relation to proceedings (including divorce proceedings, applications pursuant to section 121B of the Women's Charter (Cap. 353) and proceedings for a grant of probate or letters of administration in respect of the estate and effects of a deceased person) which meet the following criteria:
  - (a) there is a contested issue relating to assets where the gross value of all known assets is S\$~~3~~ million or above; and
  - (b) there are no contested child issues (i.e. disputes relating to the custody, care and control of and/or access to any child).
- (3) The Registrar or the Judge may order that parties in proceedings which meet the criteria attend private mediation conducted by the Singapore Mediation Centre ("SMC"), unless parties have agreed upon a mediator ("Agreed Private Mediator"). The Registrar or the Judge may also make any orders necessary, including any orders pertaining to the payment of the mediation and its related fees.
- (4) For mediations conducted by the SMC, the parties and/or counsel shall provide the Registrar or the Judge with the necessary information for the SMC to contact them to arrange for the mediation. The Registrar or the Judge will give directions and timelines for parties to agree on a mediation date and to exchange case information, documents and mediation briefs. The Registrar or the Judge will fix a return date for parties and/or counsel to update the Court on the outcome of the private mediation.
- (5) For mediations conducted by the Agreed Private Mediators, the parties or their counsel shall inform the Registrar or the Judge of the identity of their Agreed Private Mediator, the management of the mediation and the agreed date for mediation. The Registrar or Judge may make any order necessary for the timely and efficacious disposal of the case, including fixing return dates for the parties or their counsel to update the court, and/or re-directing the case to the SMC.
- (6) Parties and their counsel must personally attend all mediation sessions, unless otherwise stated by the private mediator.

- (7) For nullity, divorce and judicial separation proceedings in which interim judgment or judgment of judicial separation has been granted, if the dispute is resolved at the SMC mediation or other private mediation, the parties and/or counsel may file the draft consent order for the Court's approval in accordance with the requirements in Paragraph 116 of these Practice Directions. Alternatively, the parties may request to attend before the Court for the privately mediated agreement to be recorded as a consent order by the Registrar or the Judge upon confirmation of the terms by the parties and/or counsel.
- (8) Where interim judgment or judgment of judicial separation has not been granted, if the dispute is resolved at the SMC mediation or other private mediation, the parties and/or counsel shall inform the Court accordingly on the return date given by the Registrar or the Judge pursuant to sub-paragraphs (4) or (5) above, as the case may be, and directions will be given for the setting down of the divorce on an uncontested basis on an expedited basis.
- (9) For all other proceedings not covered by sub-paragraphs (7) and (8) above, parties and/or counsel may either file the draft consent order in accordance with Paragraph 116 of these Practice Directions, or have it recorded as a consent order by the Registrar or the Judge upon the confirmation of the terms by the parties and/or counsel.
- (10) If the dispute is not resolved at the private mediation, the Registrar or the Judge will give the necessary directions at the return date to enable the case to proceed accordingly.

#### Mediation conducted by the Court

- (11) For child-related proceedings, a Family Dispute Resolution Conference ("FDR Conference") will be called to crystallise the issues of contention. All parties together with their counsel (if any) will have to attend the FDR Conference. At the FDR Conference, directions may be given in relation to the filing and exchanging of relevant documents and/or proposals. Parties will also be directed to attend mediation and/or counselling, whichever is appropriate.
- (12) For non-child related proceedings, the Registrar or the Judge may direct parties to attend mediation and/or counselling, whichever is appropriate.
- (13) Counsel is not expected to attend any counselling sessions directed by the Court. However, parties and counsel must personally attend all mediation sessions.
- (14) For all mediation sessions, (whether child-related or otherwise) the parties and their counsel are to prepare a Summary for Mediation in the prescribed format in Form 191 in Appendix A to these Practice Directions prior to the mediation for submission and discussion during the mediation, together with all relevant documents as may be directed by the Court.
- (15) Any consensus reached during counselling sessions will be recorded as a draft agreement. A copy of the draft will be given to the parties who are advised to consult their counsel (if any).
- (16) For nullity, divorce, judicial separation proceedings, where interim judgment or judgment of judicial separation has been granted, any agreement will be recorded as a consent order by the Judge-Mediator at a mediation session or any other Judge sitting as a Judge in Chambers upon confirmation of the terms by the parties and/or counsel. Where interim judgment or judgment of judicial separation has not been granted, the agreement will be formally recorded by the Judge and directions will be given for the setting down of the divorce on an uncontested basis on an expedited basis.

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- (17) For all other proceedings not covered by sub-paragraph (16) above, any agreement reached will be recorded as a consent order by the Judge-Mediator at a mediation session ~~Mediator~~ or any other Judge sitting as a Judge in Chambers upon the confirmation of the terms by the parties and/or counsel.
  - (18) Mediation will be conducted on a without prejudice basis. All communications made in the course of mediation will be treated in strict confidence and will not be admissible in any court unless otherwise stipulated by law. If the dispute is not resolved at the mediation session, the District Judge or Registrar will give the necessary directions to enable the case to proceed to trial, and the case will be heard by a Judge other than the District Judge or Registrar conducting the mediation.
  - (19) Where there is a disagreement between the parties on the terms of the agreement which were recorded at mediation, either party may write in for a clarification before the Judge-Mediator.

## **Part XIA – Vulnerable Adults Act**

### **71A. Applications under Vulnerable Adults Act**

- (1) The directions in this Part apply to any proceedings or applications filed under the Vulnerable Adults Act.
- (2) Unless otherwise directed by the Registrar, all applications made under the Vulnerable Adults Act shall be filed in person at the Registry of the Family Justice Courts located at 3 Havelock Square Level 1 Singapore 059725 in the following manner:
  - (a) applications made under sections 11(2), 12 and 15 of the Vulnerable Adults Act shall be electronically filed through IFAMS. Part VIIA of these Practice Directions shall apply with the necessary modifications; and
  - (b) all other applications under the Vulnerable Adults Act shall made in hard copy in the form prescribed for Complaints to Magistrates under the Criminal Procedure Rules 2018.
- (3) The Court may reject any document filed if there are errors or if the document does not comply with the Family Justice Rules, these Practice Directions or any directions made by the Court.

## **71B. Forms to be filed**

- (1) A medical report filed pursuant to rule 295H(1) of the Family Justice Rules shall be in Form 64G in Appendix A to these Practice Directions, with the necessary modifications.
- (2) An interlocutory application in the proceedings shall in Form 64H in Appendix A to these Practice Directions.

## **71C. Application for Court Records**

- (1) An application for a copy of any part of the record of any proceeding must be made in Form 211 in Appendix A to these Practice Directions. Upon approval, the requisite number of copies of the record of proceeding applied for shall be made available for collection for a period of 21 calendar days from the date specified in the notification given to the applicant.
- (2) Where the copy of any record of proceedings applied for is not collected by the applicant within the time given by sub-paragraph (1), the copy of the record of proceedings shall be disposed of and the applicant must make a fresh application if he still requires a copy of the relevant record of proceedings.
- (3) Any application for the waiver or remission of any fee payable for a copy of any record of proceedings may be made to the Registrar of the Family Justice Courts and the grant of such an application shall be in the absolute discretion of the Registrar.

## **71D. Pre-hearing matters**

- (1) The applicant and respondent (if any) in the proceedings must inform the Court dealing with a case conference on the matter or the Judge presiding over the case of all relevant matters that may affect the hearing of the case including, but not limited to, the following matters:
  - (a) applications relating to the same vulnerable adult in other proceedings;
  - (b) related proceedings which are pending in any Court;
  - (c) the number and identity of the witnesses that will be called to give evidence and who had agreed to give evidence for the party concerned; and
  - (d) challenges to expert reports.
- (2) The Court may, in its discretion, allow an unsworn statement to be filed for use at the hearing of the application in lieu of an affidavit.
- (3) The applicant and respondent are to make their own arrangements for the witnesses they intend to call to give evidence at the hearing of the application, including applying for a Summons to a Witness where necessary.



## 90. Documents for use in trials

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### *Opening statements*

(12) A proper opening statement is of great assistance to the Court as it sets out the case in a nutshell, both as to facts and law. It is intended to identify both for the parties and the Judge the issues that are, and are not, in dispute. It enables the Judge to appreciate what the case is about, and what he is to look out for when reading and listening to the evidence that will follow. Opening statements also help to clarify issues between the parties, so that unnecessary time is not spent on trying to prove what is not disputed or irrelevant. The need for brevity is emphasised as opening statements that contain long and elaborate arguments, and citations from and references to numerous authorities, do not serve this purpose.

- (a) In the light of these objectives, opening statements will be required in all cases from all parties, except where dispensation has been granted by the trial Judge and in running down actions. ~~Statements submitted may be taken as read by the trial Judge.~~

## 94. Submissions and examination by leading and assisting counsel

- (1) In the event that a party is represented by more than one counsel at a hearing, whether in Court or in chambers, the making of submissions and the questioning of witnesses may be carried out by one counsel for each party only.
- (2) If ~~counsel have divided up their work such that it is necessary or desirable that a party would~~ like submissions on different issues be made or certain portions of the examination, cross-examination or re-examination be conducted by different counsel, an oral application should be made to Court as early as is practicable and by no later than ~~at~~ the commencement of the trial or hearing for leave to do so. The following information should be provided to the Court for the purposes of the application:
  - (a) the issues on which each counsel will be making submissions; and/or
  - (b) the witnesses to be examined, cross-examined or re-examined by each counsel, or the portions of their evidence for which each counsel will conduct the examination, cross-examination or re-examination.

Nothing in this paragraph detracts from the responsibility of lead counsel to ensure that all counsel making submissions, or having conduct of any portion of the examination, cross-examination or re-examination of witnesses, are adequately supervised and able to handle the tasks assigned to them.

- (3) If leave has been granted in accordance with sub-paragraph (2), counsel should ensure that each confines himself to the issues or portions of evidence in respect of which leave was granted and that there is no overlap in the issues or the examination being dealt with by different counsel for the same party. Further, counsel must not repeat, clarify or expand on any submissions or portions thereof that have been made by another counsel for the same party or examine, cross-examine or re-examine witnesses on portions of their evidence dealt with by another counsel for the same party.
- (4) If leave of the Court is not sought in accordance with sub-paragraph (2), only one counsel will be allowed to make submissions or conduct examination for a party throughout the hearing.
- (5) For hearings in chambers, lead counsel are strongly encouraged to apprise the client of the benefits of allocating certain advocacy tasks to junior assisting counsel, including the potential benefits of reduced legal costs and increased focus by lead counsel on the main advocacy tasks, and to therefore consider obtaining instructions to make an application in accordance with sub-paragraph (2). In this regard, lead counsel are encouraged to consider that giving junior assisting counsel more opportunities for oral advocacy could potentially benefit the client and, at the same time, promote renewal of the Bar.
- (6) For civil trials:
  - (a) Notwithstanding sub-paragraphs (1) and (2), and save where lead counsel is a junior counsel, the junior assisting counsel shall deliver the oral opening statement unless the Court otherwise orders; and

(b) lead counsel are to inform the trial judge at the Judge Pre-Trial Conference (“JPTC”), or if a JPTC has not been fixed, at the start of the trial, whether their client will be making an application pursuant to sub-paragraph (2) above and, if so, the proposed division of advocacy tasks between lead counsel and junior assisting counsel.

~~(75)~~ This Paragraph shall apply to all proceedings in the Family Courts, ~~Juvenile-Youth~~ Courts and Family Division of the High Court.

## 160. Attendance of solicitors in Court

- (1) Save in the most exceptional and unforeseen circumstances, and so long as the firm of solicitors remains on record, a member of the firm must attend all proceedings in respect of the cause or matter in which the firm is acting, even if it does not intend to oppose the orders sought by the other side. The practice of asking the opposing solicitor to mention the matter on one's behalf is also not acceptable and should be discouraged.
- (2) ~~All solicitors appearing in any cause or matter are to be punctual in attending Court as delay in commencement of hearing leads to wastage of judicial time. Appropriate sanctions may be imposed for late attendances. The court may however allow a solicitor appearing in any cause or matter to mention for counsel for all other parties provided that:~~
  - (a) the solicitor obtains confirmation of his authority to mention on their behalf for the purpose of the hearing; and
  - (b) parties have agreed on the order sought.
- (3) However, where an adjournment of the hearing date of any cause or matter is sought, solicitors for all parties must attend the hearing.

FORM 64A

R. 295G(2)

**(i) For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(i) Vulnerable Adults Act**

**MENTAL CAPACITY ASSESSMENT REPORT**

*To be filled in by a mental capacity assessor as appointed by the Director of Social Welfare under the Vulnerable Adults Act 2018*

(A) INDIVIDUAL'S PARTICULARS			
<b>Name</b> (as in NRIC):		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NRIC / FIN / Passport no.:</b>	<input type="checkbox"/> NRIC (Pink) <input type="checkbox"/> NRIC (Blue) <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify: _____)	<b>Date of Birth:</b>	____ / ____ / ____ DD    MM    YYYY
		<b>Place of Assessment:</b>	
<b>Date of assessment:</b>		<b>Date of assessment:</b>	____ / ____ / ____ DD    MM    YYYY
(B) ASSESSOR'S PARTICULARS			
<b>Name</b> (as in NRIC):		<b>Contact no.:</b>	
<b>MCR/SRP no.:</b>			

<b>Designation and Department:</b>	
<b>Assessor's qualifications and experience in assessing mental capacity:</b>	
<b>Hospital / clinic / organisation and address:</b>	
<b>Relationship with VA:</b> <i>(please tick where applicable)</i>	<input type="checkbox"/> <i>I have been seeing the VA regularly over a period of time</i> Date of first consultation/assessment: _____ Frequency of consultation/assessment: _____ Date of last examination/assessment: _____ <input type="checkbox"/> <i>I am seeing the VA for this mental capacity assessment only.</i>
<b>(C) INDIVIDUAL'S MEDICAL INFORMATION</b>	
<b>Past medical history (if any)</b>	<b>Past Diagnosis:</b>  Date of assessment: Source of information: <input type="checkbox"/> Medical records/report – please specify doctor & clinic/hospital: _____ <input type="checkbox"/> Vulnerable adult <input type="checkbox"/> Others – please specify: Name: _____ Relationship: _____

<b>Current Diagnosis:</b>	Please state what the individual is suffering from.
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<b>Symptoms in relation to mental capacity:</b>	<p>Is there a current impairment of or disturbance in the functioning of the person’s mind or brain?  <i>(e.g., symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition)</i></p> <p><u>Note: If there is no indication of impairment of or disturbance in the functioning of the person’s mind or brain, the person will not lack capacity within the meaning of s4 of the Mental Capacity Act.</u></p>
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**(D) ASSESSMENT OF VULNERABLE ADULT’S MENTAL CAPACITY**

*A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.*

*A person is unable to make a decision for himself if he is unable –*

- (a) To understand the information relevant to the decision;*
- (b) To retain that information;*
- (c) To use or weigh that information as part of the process of making the decision; or*
- (d) To communicate his decision (whether by talking, using sign language or any other means).*

*The information relevant to a decision includes information about the reasonably foreseeable consequences of —*

- (a) Deciding one way or another; or*
- (b) Failing to make the decision.*

*A person’s capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*

<b>Mental capacity to consent</b>	<i>Does the Vulnerable Adult have the mental capacity to consent to the court interventions indicated in sub-sections _____:</i>	
	i. To be committed to a place of temporary care and	<input type="checkbox"/> Yes

	<p>protection or the care of a fit person for a period not exceeding six months;</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>
	<p>ii. To be committed to a place of safety or the care of a fit person for a specified period exceeding six months;</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>
	<p>iii. For a person to produce him/her at a medical or dental facility for such medical or dental treatment as may be necessary to enable his/her committal to a place of temporary care and protection, the care of a fit person or a place of safety;</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p> <p><input type="checkbox"/> Unable to communicate his/her decision</p>
	<p>iv. To be placed under the supervision of protector, approved welfare officer or a person appointed by the Court, for a specified period;</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to understand information relevant to decision</p> <p><input type="checkbox"/> Unable to retain information</p> <p><input type="checkbox"/> Unable to use or weigh information for decision making</p>



		<input type="checkbox"/> Unable to communicate his/her decision
	v. To make his/her place of residence a safe living environment, including removing him/her temporarily for this purpose and disposing of articles or things in the residence;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	vi. To restrain another person from abusing or further abusing him/her; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	vii. To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	viii. To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision

		<input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	ix. To prohibit a person from visiting or communicating with him/her; and	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	x. To be required to attend counselling or any other court directed programmes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
<b>Basis of opinion</b>	xi. To be placed under the custody, charge and care of the Director of Social Welfare/ protector until an application to court under Section 12 is made and determined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision

*Supporting information / clinical observations:*

### **(E) PROGNOSIS**

Where “No” is indicated in any or all of the above:

Do you consider there is a prospect that the person might regain or acquire capacity in the future in respect of the decisions to which the application relates?

- Yes. Please state why and given an indication of when this might happen:
  
- No. Please state why:

### **(F) ANY OTHER INFORMATION / REMARKS**

### **(G) DECLARATION**

I believe in the correctness of the assessment set out herein.

I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates.

I understand that this report may be used by the Director of Social Welfare or protector in the exercise of statutory powers under the Vulnerable Adults Act, or submitted to the Court in an application for a court order under the Vulnerable Adults Act.

The assessment of mental capacity is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

(ii) For applications for Orders under sections 14 and 15 by a person mentioned in section 12(2)(a)(ii) or (iii)

**MENTAL CAPACITY ASSESSMENT REPORT**  
*(For use in support of a Court application under the Vulnerable Adults Act)*

Date: \_\_\_\_\_

Full name of Patient: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Age of Patient at last birthday: \_\_\_\_\_

This is to certify that:

- a) the above-named patient does not have the mental capacity to give consent to either an approved welfare officer or his/her donee/deputy (if any) or a family member to make an application for any of the Court Orders stated below.
  - b) [Optional] Medical diagnosis
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ASSESSMENT OF VULNERABLE ADULT'S MENTAL CAPACITY		
Mental capacity to consent	<i>Does the Vulnerable Adult have the mental capacity to consent to the following court interventions:</i>	
	i. Section 14(1)(e) To restrain another person from abusing or further abusing him/her; and/or	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
	ii. Section 14(1)(f) To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and/or	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision
iii. Section 14(1)(g) To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and/or	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making	

**ASSESSMENT OF VULNERABLE ADULT'S MENTAL CAPACITY**

		<input type="checkbox"/> Unable to communicate his/her decision
iv.	Section 14(1)(h) To prohibit a person from visiting or communicating with him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to understand information relevant to decision <input type="checkbox"/> Unable to retain information <input type="checkbox"/> Unable to use or weigh information for decision making <input type="checkbox"/> Unable to communicate his/her decision

\_\_\_\_\_  
**Name of Doctor:**  
**Clinic/Hospital:**  
**Medical Registration Number:**

**Guidance Notes:**

*A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.*

*A person is unable to make a decision for himself if he is unable –*

- (a) To understand the information relevant to the decision;*
- (b) To retain that information;*
- (c) To use or weigh that information as part of the process of making the decision; or*
- (d) To communicate his decision (whether by talking, using sign language or any other means).*

*The information relevant to a decision includes information about the reasonably foreseeable consequences of —*

- (a) Deciding one way or another; or*
- (b) Failing to make the decision.*

*A person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*

FORM 64B

R. 295I(1)(a)

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of Section 11(2)/14(1)/17(1) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**NOTICE OF APPLICATION**

To (Name of Vulnerable Adult)

Of (Address)

**WHEREAS** the Director of Social Welfare/protector has reason to believe that you, the above-named vulnerable adult, has experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

**AND WHEREAS** an application by the Director/protector has been made for an order under [specify which order under section 11(2)/14(1)/17(1)] of the above-mentioned Act, namely [state nature of order].

**YOU ARE HEREBY GIVEN NOTICE** of the above application. If you wish to object to the application, you are to appear before the Family Justice Courts No. \_\_\_\_\_ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

**TAKE NOTICE** that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

*Court Seal*

.....

Clerk

Department .....

.....

District Judge / Magistrate

Received the duplicate of this process on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

.....

Name & Signature

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of Section 11(2)/14(1)/17(1) of the  
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**NOTICE OF APPLICATION**

To (Name)

Of (Address)

**WHEREAS** the Director of Social Welfare/protector has reason to believe that the abovenamed vulnerable adult has experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

**AND WHEREAS** an application by the Director/protector has been made for an order under [specify which order under section 11(2)/14(1)/17(1)] of the above-mentioned Act, namely [state nature of order].

**YOU ARE HEREBY GIVEN NOTICE** of the above application. If you wish to object to the application, you are to file a Notice of Objections (a copy enclosed) with the Family Justice Courts at 3 Havelock Square Singapore 059725 and upon acceptance of your Notice by the Court, to serve a copy of the Notice on the Director of Social Welfare/protector at [address of DSW/Protector], within seven (7) days of the service of this Notice of Application on you.

**TAKE NOTICE** that if there is no Notice of Objections filed within the stipulated timeline, the Court may proceed to hear and determine the application without further reference to you.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

*Court Seal*

.....

.....

Clerk

District Judge / Magistrate

Department .....

Received the duplicate of this process on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

.....

Name & Signature



FORM 64C

R. 295I(2)

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of the Section 7(3)/10(4) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**NOTICE OF APPLICATION**

To (Name of Vulnerable Adult)

Of (Address)

**WHEREAS** the Director of Social Welfare/protector has reason to believe that you have experienced, or is experiencing or at risk of, abuse, neglect or self-neglect.

**AND WHEREAS** an application by the Director/protector has been made for an order under [specify which order under section 7(3)/10(4)] of the above-mentioned Act, namely [state nature of order].

**YOU ARE HEREBY GIVEN NOTICE** of the above application. If you wish to object to the application, you are to appear before the Family Justice Courts No. \_\_\_\_\_ at 3 Havelock Square Singapore 059725 on (date) at (time) to be heard on the application.

**TAKE NOTICE** that if you do not appear as stipulated above, the Court may proceed to hear and determine the application without further reference to you.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

*Court Seal*

.....

Clerk

Department .....

.....

District Judge / Magistrate

Received the duplicate of this process on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

.....

Name & Signature

FORM 64D

R. 295I(4)

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of the  
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**NOTICE TO DISPUTE MENTAL CAPACITY**

To: Director of Social Welfare/protector

Of (Address)

1. Whereas an application has been made by the above applicant for an Order under Section 14 of the abovementioned Act; and the abovementioned vulnerable adult had received the Notice of Application from the Director of Social Welfare/protector on [date] at [state address, email etc. where the Notice of Application was received].

2. I, [state name] [Identification Number], the [state nature of relationship to the vulnerable adult (e.g., father, daughter)] of the vulnerable adult hereby gives notice that I wish to dispute that the vulnerable adult has mental capacity to consent to the application(s) made by the Director of Social Welfare/protector under the above-mentioned Act and wish to be heard on the same.

[Facts/Documents in support]

3. The address to which communications should be sent to me is:

[Note: this must be an address in Singapore. If a solicitor is acting for you, give the name and address of your solicitor in Singapore.]

4. My other contact particulars are:

*Handphone & Email:*

5. I understand that upon filing this Notice and if accepted, the Court will fix a case conference for which my attendance is required for the Court to give directions on the matter.

Name & Signature: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**NOTICE OF OBJECTIONS**

To:

I) Family Justice Courts

II) Director of Social Welfare/protector

1. Whereas an application has been made by the above applicant for an Order under section 14 of the abovementioned Act and that a Notice of Application was served on me.

2. I, [state name] [Identification Number], the [state nature of relationship to the vulnerable adult (e.g., father, daughter)] of the vulnerable adult hereby gives notice that I intend to object to the application and wish to be heard on the same.

[Brief Grounds/Reasons for objections]

3. The address to which communications should be sent to me is:

[Note: this must be an address in Singapore. If a solicitor is acting for you, give the name and address of your solicitor in Singapore.]

4. My other contact particulars are:

*Handphone & Email:*

5. I understand that after my Notice of Objections has been filed and accepted by the Family Justice Courts, I will have to serve the Notice of Objection on the Director of Social Welfare/Adult Protector, Ministry of Social and Family Development (MSF) and attend a case conference where the Court may give such directions as it deems fit.

Name & Signature: \_\_\_\_\_

Date of birth: \_\_\_\_\_

FORM 64F

R. 295K

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of the  
VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector... Applicant

**CONSENT OF VULNERABLE ADULT**

1. I, [name] [Identification number] of [address], hereby give my consent to [Director of Social Welfare/protector/approved welfare officer/done/deputy/family member] to make an application under the Vulnerable Adults Act 2018 for the following orders [circle where applicable]:

- a. To be removed from the place where I am residing to be committed to a place of temporary care and protection, or the care of a fit person, for a period not exceeding 6 months [section 14(1)(a)];
- b. To be removed from the place where I am residing to be committed to a place of safety or the care of a fit person [section 14(1)(b)];
- c. To be produced for medical/dental assessment and/or treatment (specify treatment: \_\_\_\_\_) that is necessary to enable my committal to a place of temporary care and protection, place of safety or care of a fit person [section 14(1)(c)];
- d. To be placed under the supervision of a protector, an approved welfare officer or another person appointed by the Court [section 14(1)(d)];
- e. To restrain another person (name\_\_\_\_\_) from abusing or further abusing me [section 14(1)(e)];
- f. To be granted exclusive right of occupation of the premises where I ordinarily reside, or part thereof, to the exclusion of another person (name\_\_\_\_\_) [section 14(1)(f)];
- g. To prohibit a person (name\_\_\_\_\_) from entering and remaining in a specific area outside my place of residence or any other place I frequent [section 14(1)(g)];
- h. To prohibit a person (name\_\_\_\_\_) from visiting or communicating with me [section 14(1)(h)];
- i. To be required to attend counselling [section 14(1)(i)],

- j. To make my place of residence a safe living environment, including removing me temporarily for this purpose and disposing of articles or things in the residence [section 14(1)(j)];
- k. To file an application for contempt of court against [name of respondent] [section 16];
- l. To file an application to vary, suspend or revoke an earlier order made [section 17(4)].

Signature of the Vulnerable Adult

Witnessed before me \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist\*

Registration No. (if any):

If witness is not one of above:

Name of Witness:

NRIC:

Address:

I confirm that I am 21 years of age and have no interest in the case.

\_\_\_\_\_  
Signature

\*delete where inapplicable

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

In the Matter of

Section 14(1)(j) of the

VULNERABLE ADULTS ACT 2018

and

[Name & identification of Vulnerable Adult]

Director of Social Welfare/protector...Applicant

**CONSENT OF OWNER OF RESIDENCE UNDER SECTION 14(1)(J)**

**OF THE VULNERABLE ADULTS ACT 2018**

1. I, [name] [Identification number] of [address], hereby give my consent to [the Director of Social Welfare/protector] to make an application under section 14(1)(j) of the Vulnerable Adults Act 2018 for an order authorising the Director/protector/[state the name of other person/company] to make my residence at [state address of the residence] a safe living environment and authorising the disposal by the Director/protector/[state the name of other person/company] of any article or thing in the said residence to make the said residence a safe living environment.

Signature of the Owner

Witnessed before me )

\_\_\_\_\_  
Signature of Commissioner for Oaths / Notary Public / Advocate & Solicitor / Registered Medical Practitioner / Psychiatrist / Psychologist\*

Registration No. (if any):

If witness is not one of above:

Name of Witness:

NRIC:

Address:

I confirm that I am 21 years of age and have no interest in the case.

\_\_\_\_\_  
Signature

\*delete where inapplicable

FORM 64G

Para 295H(1)

**PHYSICAL CAPACITY ASSESSMENT REPORT**  
*Assessment for Physical Infirmary/Disability/Incapacity of an Individual*

(A) INDIVIDUAL'S PARTICULARS			
<b>Name</b> (as in NRIC):		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NRIC / FIN / Passport no.:</b>	<input type="checkbox"/> NRIC (Pink) <input type="checkbox"/> NRIC (Blue) <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify: _____)	<b>Date of Birth:</b>	____/____/____ DD MM YYYY
		<b>Place of assessment:</b>	
<b>Date of assessment</b>		<b>Date of assessment</b>	____/____/____ DD MM YYYY
(B) ASSESSOR'S PARTICULARS			
<b>Name</b> (as in NRIC):		<b>Contact no.:</b>	
<b>MCR/SRP no.:</b>			
<b>Designation and Department:</b>			
<b>Assessor's qualifications</b>			
<b>Hospital / clinic / organisation and address:</b>			
<b>Past engagements</b> (please tick where applicable)	<input type="checkbox"/> <i>I have been seeing the individual regularly over a period of time.</i> Date of first consultation/assessment: _____ Frequency of consultation/assessment: _____ Date of last examination/assessment: _____ <input type="checkbox"/> <i>I am seeing the individual for this assessment only.</i>		
(C) INDIVIDUAL'S MEDICAL INFORMATION			
<b>Past medical history</b> (if any)	<b>Date of Assessment:</b> _____  <b>Source of information:</b> <input type="checkbox"/> Medical records/report – please specify doctor & clinic/hospital: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Others – please specify: Name: _____ Relationship: _____		

<b>Current Diagnosis:</b>	Please state nature of physical conditions and/or disabilities the individual is suffering from.
<b>Basis of opinion</b>	<i>Supporting information / clinical observations:</i>
<b>(D) ANY OTHER INFORMATION / REMARKS</b>	
<b>E) DECLARATION</b>	
<ul style="list-style-type: none"> <li>• I believe in the correctness of the assessment set out herein.</li> <li>• I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates.</li> <li>• I understand that this report may be used for the purpose of an application for a Court order under the Vulnerable Adults Act.</li> <li>• The assessment is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act.</li> </ul> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____ <b>Time:</b> _____</p>	



FORM 64H

Para 71B(2)

**APPLICATION IN VULNERABLE ADULTS ACT PROCEEDINGS**

(Title as in action)

1. I, \_\_\_\_\_ (NRIC No/Other ID No: \_\_\_\_\_) of \_\_\_\_\_(address) the complainant/respondent\*) hereby apply for the Court to make the following orders:

2. Orders applied for:  
(to state nature of application, e.g. striking off affidavits)

3. Grounds of the Application  
(To state the Legislation / Rules which the applicant relies on e.g. Rule 647 of the Family Justice Rules)

4. Reason in Support of Application (Please attach Supporting Affidavit, if any)

Dated \_\_\_\_ day of \_\_\_\_ 20\_\_

Affirmed/Sworn\* by

\_\_\_\_\_

through interpretation of  
\_\_\_\_\_in (to state language)

Before me

\_\_\_\_\_

Commissioner for Oaths

FORM 190A

Para 10A

Case No:

**Undertakings given to the Immigration and Checkpoints Authority (“ICA”) for Request for Assistance**

I, (Name of requestor), (NRIC/Passport/Other identification documents No.), am a plaintiff/defendant\* in the abovementioned matter in which there is, in force, an Order of Court from the Family Justice Courts dated (date of Court Order) restraining (Details of persons restrained by Court Order (e.g. the plaintiff; the defendant; servants/agents of the plaintiff/defendant)) from taking the below child/children out of Singapore [without an order of Court or the consent of one or both parties to the matter]\* (hereinafter referred to as “the **Order**”).

Details of Parties

Name of Plaintiff:

NRIC/FIN No.:

Passport No.:

Address:

E-mail address:

Mobile number:

Contact details of solicitors (if any):

Name of Defendant:

NRIC/FIN No.:

Passport No.:

Address:

E-mail address:

Mobile number:

Contact details of solicitors (if any):

Details of Child/Children

Full name of child/children involved:

BC/NRIC/FIN No.:

Passport No.:

2. I hereby undertake as follows:

In the event I notify the ICA of the Order:

- (1) I shall send a copy of the Order and this Form to the ICA via e-mail to the undermentioned email address, copying the other party, during the ICA’s working hours only. I understand that the documents have to be served at least one working day in advance before the ICA is to act on the Order:-

ICA’s E-mail address: ICA\_FJC\_Notification@ica.gov.sg

ICA’s working hours are:-

- Mondays to Fridays: 8am to 5pm
- Public Holiday Eves: 8am to 12pm
- Saturdays, Sundays and Public Holidays: Closed.

- (2) I will also provide the ICA with:
- (a) copies of the NRIC/Passport of both parties, where available;
  - (b) a copy of the birth certificate/NRIC of the child/children, where available;
  - (c) a copy of the passport of the child/children, where available.
- (3) If there are any changes to the details of the parties/child/children and/or the documents set out paragraph 2(2), I shall inform the ICA immediately.
- (4) If the Order subsequently ceases to have effect or is varied or, if the Order so permits, consent is given by the relevant party for the other to take the child/children out of Singapore (whether for a specific purpose only or generally), I shall immediately notify the ICA of the same via the e-mail provided in paragraph 2(1) above, copying the other party, during the ICA's working hours only. I understand and agree that the notification to ICA shall be given at least one working day in advance before ICA is to stop acting on the Order.
- (5) In the email to the ICA referred to in paragraph 2(4) above, I shall attach copies of the necessary documentation evidencing the cessation or variation of the Order, or the relevant party's consent, whichever is applicable. The consent shall be given in the format below.

**Letter of Consent for International Travel of Child**

[CASE NO.: \_\_\_\_\_]

I, \_\_\_\_\_ (full name of consenting parent/party\*),  
 (NRIC/FIN/Passport No.: \_\_\_\_\_) do state that under a Court Order dated \_\_\_\_\_,  
 I am the parent/party\* having sole/joint\* custody of the following child/children, which Order  
 prohibits (person prohibited by Court Order) \_\_\_\_\_ from bringing the child/children  
 out of Singapore without my consent:

[Note: Please insert particulars of child / children **travelling**]

1<sup>st</sup> Child

Full name of child:  
 Gender:  
 Date of birth:  
 Nationality:  
 Passport No.:  
 BC/NRIC/FIN (if applicable) No.:

2<sup>nd</sup> Child

Full name of child:  
 Gender:  
 Date of birth:  
 Nationality:  
 Passport No.:  
 BC/NRIC/FIN (if applicable) No.:

2. I hereby consent for the above child/children\* to be taken out of Singapore by:

Full name:  
 Gender:  
 Date of birth:  
 Nationality:  
 Passport No.:  
 NRIC/FIN (if applicable) No.:  
 Local Handphone No.:

3. This consent [is permanent] / [is for any time during the period  (dd/mm/yyyy) to (dd/mm/yyyy)  (both dates inclusive)]\*.

4. If there are any questions regarding this consent, I can be contacted at (handphone no. of consenting parent/party).

5. I declare that the particulars and information provided are true and correct. I understand that I may be liable for prosecution for any false declarations made herein.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

*\*delete where inapplicable*

- (6) If the ICA sustains any loss (including any damages and costs that the ICA incurs or which the ICA becomes liable towards any party) as a result of or due to:-
- (a) The ICA acting on the Order after I notify the ICA of the Order;
  - (b) The ICA not acting on the Order due to my failure in giving timely notification to the ICA of the Order; and/or
  - (c) my breach of the terms of the Order,

I shall indemnify the ICA and keep the ICA indemnified at all times for that loss.

- (7) I understand that
- (a) due to practical limitations, the ICA may only be able to act on the Order, or stop acting on the Order, one working day after notification;
  - (b) if I notify the ICA outside of the ICA's working hours, the ICA may only be able to act on the Order, or stop acting on the Order, after two working days;
  - (c) if the Order allows the child/children to be taken out of Singapore only with the leave of the Court, I cannot withdraw this notification unless the Order has ceased to have effect or is varied; and
  - (d) I can consult a solicitor before giving this undertaking.

\_\_\_\_\_  
Signature of requestor Plaintiff/Defendant\*

Date: \_\_\_\_\_

Before me,

\_\_\_\_\_  
Commissioner for Oaths/Notary Public/Advocate & Solicitor\*

*\*delete where inapplicable*

<b>APPLICATION FOR RECORDS OF COURT PROCEEDINGS</b>	<i>Date of Application</i>
Name of Applicant / Solicitor's Firm : .....	<b>Solicitor Acting For :-</b> (✓ where applicable)  <input type="checkbox"/> Complainant <input type="checkbox"/> Respondent <input type="checkbox"/> Others: ..... (please specify)
NRIC No. : .....	
Address : .....	
File Reference No: ..... Email: .....	
Telephone No: ..... Facsimile No: .....	

**FAMILY JUSTICE COURTS DOCUMENTS APPLIED FOR**

Case No. ....

**Name of Parties cited in case**

Complainant: .....

Respondent: .....

Court No. ....

Hearing/Mention Date: .....

Name of JO .....

Other Information: .....  
(if any)

<p><i>Type of Document (✓ where applicable)</i></p> <p><input type="checkbox"/> Complaint Form</p> <p><input type="checkbox"/> Notes of Evidence: ..... (please specify hearing dates)</p> <p><input type="checkbox"/> Court Order No: ..... (please specify)</p> <p><input type="checkbox"/> Others ..... (please specify)</p>	<p><input type="checkbox"/> Certified True Copy or <input type="checkbox"/> Plain Copy</p>
---	--

**Reasons For Application (✓ where applicable)**

Misplaced Original Copy of the Order/Charge/Others .....  
.....

To seek legal advice/ representation

For reference

Others : .....  
(please specify)

(1) I understand that I am to pay the required fees for the above in accordance with the relevant rules or regulations, as applicable, upon submission of the application form. I also understand that the document(s) applied for can only be collected after the stipulated payment has been made.

(2) I also understand that the Court, upon approval of the application, will only release the document(s) applied for to parties named in the action or their solicitors. For proceedings under Vulnerable Adults Act, the documents may also be released to the applicant or a person who had filed a notice of objection or their solicitors.

(3) I also understand that my application will be deemed as lapsed if the document(s) applied for is/are not collected within 21 days from the date I am informed on the availability thereof. I also understand that I am required to provide a **Letter of Authorisation** for another person to collect the requested document(s) on my behalf if I am unable to collect them personally.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

**FOR OFFICIAL USE ONLY**

**The application is:** (✓ where applicable)  Approved  Not approved  
Reasons for rejection (where applicable):

\_\_\_\_\_

*Name and Signature of Judicial Officer / Authorised Officer*

- Total Fees payable : _____  - Paid on: _____ Receipt No: _____	No. of documents collected: _____  Document(s) collected by: Name & Signature of Collector NRIC/Passport/ FIN No: Date: _____	No. of Pages: _____
--	--	---------------------

**Collection Time: Mondays to Fridays – 9.00 am to 1:00pm & 2.00pm to 5.00pm**

1. All requests for copies of the records of any court proceedings are subject to the approval of the court.
2. Once the request has been approved and the applicant has been informed on the availability of the requested document(s) and the cost (where applicable), the said documents will be available for collection for a period of 21 days. Any document(s) not collected within the stipulated period will be destroyed and a fresh request must be submitted thereafter if the applicant still requires the document(s).
3. An application for copies of the records of any criminal proceedings will only be processed after the stipulated payment has been made.

**Prescribed Fees**

4. The fees payable are as follows:

<b>Document Type</b>	<b>Fee Amount</b>	<b>Remarks</b>
Complaint Form	\$5 for each type of document requested in the application and \$0.50 per page thereof, subject to a minimum of \$15 per document.	Payable upon Application
Notes of Evidence & other documents for <u>maintenance (MSS), <del>and</del> family violence (SS) and Vulnerable Adults Act 2018 (VAA)</u> Proceedings in non-appeal cases	\$5 for each type of document requested in the application and \$0.50 per page thereof, subject to a minimum of \$15 per document.	Minimum of \$15 (per document) payable upon Application <i>*Any additional amount (based on number of pages) may be payable before collection of the document(s).</i>
For judgement orders (plain copies) for MSS, <del>and</del> SS and VAA Proceedings in non-appeal cases.	\$5 plus \$0.15 per page	
Notes of Evidence & other documents for CPO and BPC Proceedings in Youth Courts in non-appeal cases	\$5 plus \$0.50 per page thereof, subject to a minimum of \$15 per document.	
Notes of Evidence & other documents (certified true copies) for MSS, <del>and</del> SS and VAA Proceedings in non-appeal cases	\$8 plus \$5 per page	
For judgment orders (certified true copies) for MSS, <del>and</del> SS and VAA Proceedings in non-appeal cases	\$8 plus \$5 per page	

**Refund of Fees Paid**

5. The applicant must furnish the photocopies of the applicant's NRIC or Passport.

**Payment Modes**

6. Local Applicants: Cash, NETS or Ez-Link
7. Overseas Applicants: Bank Draft in Singapore Currency (payable to "Registrar Supreme Court/AG")  
Payment should also include all bank charges.

**Contact Us**

- For enquiries pertaining to family & youth matters, please email to us at [FJCourts\\_MAINTPOS@fjcourts.gov.sg](mailto:FJCourts_MAINTPOS@fjcourts.gov.sg) or contact us at (65) 6435 5471.