

## 16. Agreed Matrimonial Property Plan and Proposed Matrimonial Property Plan

...

- (3) ~~Where the HDB matrimonial asset is an HDB flat, the HDB standard query as required under rule 46(4) of the Family Justice Rules shall be in accordance with Form 195 in Appendix A to these Practice Directions and shall be served on the HDB at the Branch Office which is in charge of the estate in which the HDB flat is located. Where the HDB matrimonial asset is an Agreement for the Lease of an HDB flat, the HDB standard query shall be in accordance with Form 196 in Appendix A to these Practice Directions and shall be served on the HDB at the Sales Section at HDB Centre. The Housing and Development Board shall give the written answers to the standard query within one month of the service of the query.~~

- (3) Where the HDB matrimonial asset is an HDB flat, the information required to complete the proposed Matrimonial Property Plan in Form 14 may be obtained via the online service provided by HDB at “My HDBPage” found at [www.hdb.gov.sg](http://www.hdb.gov.sg).

...

## 61A. Uncontested applications for certain specified matters

...

- (2) The specified matters to which Rule 176A of the Family Justice Rules apply are as follows:
- (a) To consent to medical treatment for P;
  - (b) To consent to dental treatment for P;
  - (c) To decide where and with whom P is to live;
  - (d) To decide on care services for P;
  - (e) To decide on travelling arrangements for P;
  - (f) To open a bank account for P;
  - (g) To close P's bank account;
  - (h) To place P's money in fixed deposit accounts in P's bank;
  - (i) To terminate GIRO arrangements linked to P's bank account;
  - (j) To cancel P's credit cards;
  - (k) To pay P's debts;
  - (l) To rent out P's property;
  - (m) To decide on upgrading or renovation of P's property;
  - (n) To lodge a Notice of Death in respect of P's property;
  - (o) To apply for a replacement Certificate of Title in respect of P's property;
  - (p) To purchase insurance policies for P;
  - (q) To place P's monies in a trust for P;
  - (r) To apply to and/or communicate with any Government agency or agency designated by the Government to administer the matter in question on behalf of P to the extent to which P would have been able to if P had mental capacity;
  - (s) To obtain information relating to P;
  - (t) To decide and act for P in relation to Central Provident Fund matters;
  - (u) To receive monies paid to P on a regular basis by ~~from~~ the Central Provident Fund Board;
  - (v) To enter into contracts for P;
  - (w) To conduct legal proceedings in P's name or on P's behalf;
  - (x) Provided that the total amount received is no more than \$60,000, to do one or more of the following:
    - (i) To withdraw monies from P's bank account;
    - ~~(ii) To receive P's moneys from the Central Provident Fund Board;~~
    - ~~(iii)~~ (ii) To surrender and/or claim P's insurance monies;
    - ~~(iv)~~ (iii) To sell P's shares;
    - ~~(v)~~ (iv) To sell P's motor vehicle.

(y) To receive, in addition to monies paid to P on a regular basis by the Central Provident Fund Board, up to \$60,000 of P's monies from the Central Provident Fund Board.

...

## **74. Forms of documents to be filed for proceedings under Chapter 4A of Part X of the Women's Charter (Cap. 353)**

- (1) An ex-parte originating summons for leave under section 121D of the Women's Charter and rule 40 of the Family Justice Rules to file an application for financial relief under section 121B of the Women's Charter shall be in Form 227 in Appendix A to these Practice Directions.
- (2) The plaintiff's affidavit in support of the ex-parte originating summons for leave under section 121D of the Women's Charter and rule 40 of the Family Justice Rules to file an application for financial relief under section 121B of the Women's Charter shall be in Form 228 in Appendix A to these Practice Directions.
- (3) The plaintiff's affidavit in support of the originating summons for financial relief under section 121B of the Women's Charter shall be in Form 229 in Appendix A to these Practice Directions.

## 86. Case conferences

...

- (2) At the case conference, the matters to be considered include the following, where applicable:
- (a) the service of documents;
  - (b) the likelihood of settlement of the contested issues;
  - (c) the ages of the child / children of the marriage;
  - (d) directions for parties to attend with counsel;
  - (e) for parties to attend mandatory counselling and mediation at the Family Justice Courts;
  - (f) the dates of the mediation and counselling sessions;
  - (g) directions on the conduct of mediation and counselling;
  - (h) the witnesses who will be called and whether they need interpretation;
  - (i) the filing of affidavits, reports, summonses and any other necessary documents;
  - (j) the necessity (if any) for an order for the Central Provident Fund Board to furnish information relating to the utilisation of CPF monies or CPF account balances where there is a claim for the division of a matrimonial property or CPF-related assets;
  - (k) the necessity (if any) to transfer the proceedings to the Family Division of the High Court for hearing and determination. In determining whether to transfer the case to the Family Division of the High Court, the Family Court will take into account whether:
    - (i) there is an important question of law;
    - (ii) the matter is a test case; and/or
    - (iii) there is any other sufficient reason to transfer the proceedings;

- (l) the value of the property in question or matrimonial assets. Generally, in a case where the property in question or matrimonial assets are asserted by any party to the proceedings to be worth a gross value of \$5 million or more, the matter will be transferred to the Family Division of the High Court for hearing and determination;
- (m) the number of days required for the hearing and the fixing of hearing dates; and
- (n) the administrative arrangements for the next hearing (e.g. ~~whether it will be conducted over JOL or~~ whether interpreters are required, etc.).

...

## 116. Draft Consent Orders

...

- (5) The draft consent orders must be signed —
- (a) in the case where ~~both parties are~~ any party is represented, by ~~both parties' that party's~~ counsel; or
  - (b) in the case where any party is unrepresented and another is represented, by that unrepresented party personally; and subject to the following requirements:
    - (i) ~~except that~~ the signature of that unrepresented party ~~in person~~ must be witnessed by an advocate and solicitor or a commissioner for oaths not acting for any of the other parties in the proceedings.
    - (ii) the counsel for the represented party or parties shall inform the unrepresented party of his/her right to seek legal advice before the unrepresented party signs the draft consent order.
    - (iii) ~~(e) — in the case where any party is unrepresented,~~ the following endorsement ~~below~~ shall be inserted immediately below the unrepresented party's signature.

“I acknowledge that I have considered the terms of the agreement and have also been informed of my right to seek independent legal advice.”
  - (c) in the case where all parties are unrepresented, by the parties personally and their signatures must be witnessed by an advocate and solicitor or a commissioner for oaths.
- (6) ~~[deleted] Where one party is unrepresented, counsel for the other party shall inform the unrepresented party of his/her right to seek independent legal advice before signing the draft consent order.~~

...

## Part XV- Litigants in Person

### 171. The Family Court Friend Scheme

- (1) The Court may, at any stage of proceedings, refer an unrepresented litigant to the Community Justice Centre or such other pro-bono agency for the assignment of a Family Court Friend to assist him by providing administrative and emotional support in the conduct of his case such as:
  - (a) ~~accompanying and attending court sessions with the unrepresented litigant; providing information on court procedure and processes as well as avenues for assistance outside the court process;~~
  - (b) ~~providing emotional support and offering practical guidance on non-legal issues; subject to sub paragraph (2), assisting in the preparation and filing of court documents;~~
  - (c) ~~sharing information on court procedure and processes; providing emotional and moral support throughout the court process;~~
  - (d) ~~explaining key information and instructions given by the attending judge. assisting in court hearings by helping unrepresented litigants undertake tasks e.g. taking notes of court proceedings and organizing documents for use in court.~~
- (2) The Family Court Friend may attend court hearings, including hearings conducted in camera, but will not be allowed ~~to address the court in the place of the unrepresented litigant. The Family Court Friend will also not provide legal advice or draft any legal documentation on the unrepresented litigant's behalf. provide legal advice and/or legal representation. He should also not address the court.~~
- (3) The Family Court Friend shall not reveal any information to any third party, any information relating to the proceedings he/she is assigned to.



FORM 14

R. 46

(PLAINTIFF'S PROPOSED MATRIMONIAL PROPERTY PLAN  
FORM)

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF  
SINGAPORE

Divorce Writ No.

Between

[*Plaintiff's Name*] (ID No.    )    *Plaintiff*

And

[*Defendant's Name*] (ID No.    )    *Defendant*

PLAINTIFF'S PROPOSED MATRIMONIAL PROPERTY PLAN  
(FOR HOUSING AND DEVELOPMENT BOARD FLATS ONLY)

1. Particulars of the Property

- (a) Address of matrimonial property (the Flat):
- (b) Sales Registration Number\*: [*if there is only an Agreement for Lease and the buyers have not taken possession of the flat*]:
- (c) Name of lessee(s):
- (d) Names of permitted occupiers and relationship with each lessee:
- (e) Sole tenancy/Joint tenancy/Tenancy in common [*please specify shares*]\*:
- (f) Type of flat [*i.e. whether 3-room, 4-room, 5-room, Executive, etc.*]:
- (g) Date of purchase of flat:
- (h) Purchase price of flat:

2. Proposed Arrangements

- (a) Payments made by each lessee towards the purchase of the Flat.  
[*To state in respect of each lessee*]
  - (i) Initial capital payment [*derived from the difference between the purchase price and HDB loan amount (where applicable). To also state whether in Central Provident Fund (CPF) moneys or cash*]:
  - (ii) Conveyancing, stamp, registration and administrative fees [*to state whether in CPF moneys or cash*]:
  - (iii) Instalments per month [*to state whether in CPF moneys or cash*]:

(iv) Indirect contributions:

- (b) Amount of loan granted by the HDB/Financial institution:
- (c) Amount of outstanding loan due to the HDB/Financial institution as at date of ~~reply to~~ enquiry ~~from the~~ with HDB (via “my HDBpage”)/Financial institution, i.e. [to state exact date]:
- (d) The relevant CPF statements and additional CPF information (if applicable) dated [to state date] are annexed to this plan as Annex [to state number].
- (e) \*(For Plaintiffs who are above the age of 55) I am/The Plaintiff is\* above the age of 55 years and the amount required to be refunded into my/his/her\* CPF account in the event of a sale of the flat/transfer in ownership of the flat:

~~(f) Amount of CPF Housing grant credited to Lessee’s CPF account [to state in respect of each lessee]:~~

~~— Lessee 1:~~

~~— Lessee 2:~~

~~— Etc.~~

~~(f)~~ Parties are required/not required\* to surrender the Flat to the HDB. [If parties are required to surrender the Flat to the HDB, state the estimated surrender value of the Flat (if known)]

~~(g)~~ Parties are eligible/not eligible\* to sell the Flat on the open market. [If parties are not eligible to sell the Flat on the open market, state the reasons why].

~~(i) Parties are liable/not liable\* to pay resale levy, upgrading levy or other moneys to the HDB. [If parties are liable to pay the resale levy, etc., to state the amount of moneys payable.]~~

~~(h)~~ Valuation of the Flat

The estimated value of the Flat is: [to state estimated value of the Flat and the basis of the valuation]

~~(k)~~ Plaintiff’s proposal with respect to the Flat

The Plaintiff’s proposal with respect to the Flat is as follows:

(Choose one or more of the following options. If more than one option is chosen, state the order of preference in brackets beside the option.)

- (i) Option 1: The Flat will be surrendered to the HDB.
- (ii) Option 2: The Agreement for Lease with the HDB will be terminated.
- (iii) Option 3: The Flat will be sold in the open market.
- (iv) Option 4: The Plaintiff’s share in the Flat will be sold/transferred\* to:

(A) The Defendant

- (B) The Defendant and [*state name and relationship with the Defendant*]
- (C) [*state name and relationship with the Plaintiff/the Defendant*]
- (v) Option 5: The Defendant's share in the Flat will be sold/transferred\* to:
  - (A) The Plaintiff
  - (B) The Plaintiff and [*state name and relationship with the Plaintiff*]
  - (C) [*state name and relationship with the Defendant/the Plaintiff*]
- (vi) Option 6: Others [*please state brief details*]

Particulars of my/the Plaintiff's\* proposal (for each option selected) are attached as Annex [*to state number*]. [*To fill in Option 1, 2, 3, 4, 5 or 6 as set out in Form 89, and to attach only the relevant pages to this form.*]

### 3. Confirmation Statement

I confirm/The Plaintiff confirms\* that enquiries have been made with the HDB/HDB and the Central Provident Fund Board (CPFBoard)\* on [*to state date*], and that the contents of this document are a true and accurate reflection of the ~~replies information obtained from the HDB/CPFBoard/HDB and CPFBoard\* which I have/the Plaintiff has\* received pursuant to the said enquiries,~~ on [*to state date*].

Signature (Plaintiff/Plaintiff's Solicitor\*):

Date:

\*Delete where inapplicable.

FORM 195  
[Deleted]

FORM 196  
[Deleted]

FORM 218

Para 54

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

OSM No.        )

of 20            )

In the Matter of Section 20 of the Mental  
Capacity Act (Cap 177A)

And

In the Matter of \_\_\_\_\_  
[*name of person alleged to lack capacity*]  
(NRIC/FIN/Passport No.: \_\_\_\_\_), a  
person alleged to lack capacity (“P”)

\_\_\_\_\_  
[*name of applicant*]  
(NRIC/FIN/Passport No.: \_\_\_\_\_)

*Applicant*

**AFFIDAVIT**

I, \_\_\_\_\_ [*name of Applicant*], of  
\_\_\_\_\_ [*address of Applicant*],  
do make oath / affirm\* and say as follows:

1. I am the Applicant and I make this affidavit in support of my application.

2. The facts contained in this affidavit are within my personal knowledge or are based on documents in my possession.

3. I confirm that the information set out in this affidavit is true and correct.

4. **APPLICANT'S PARTICULARS**

(a) **Full name:**

(b) **NRIC/FIN/Passport no.:**

(c) **Date of birth (DD/MM/YYYY):**

(d) **Age:**

(e) **Gender:**                     **Male**         **Female**

(f) **Telephone number:**

(g) **Occupation:**

(h) **Name and address of employer:**

(i) **Monthly income:**

<b><u>Source of Income</u></b> <i>(e.g. salary, insurance, government payouts, rental etc.)</i>	<b><u>Value</u></b>

<b><u>TOTAL</u></b>	

- (j) **Relationship to P (i.e. the person alleged to lack capacity):**
- Spouse
  - Child
  - Parent
  - Sibling
  - Friend
  - Others – please specify:  
\_\_\_\_\_

5. **INFORMATION ABOUT APPLICANT**

- (a) **Please indicate which options are applicable to you**
- I am not an undischarged bankrupt
  - I am not facing any bankruptcy actions
  - ~~I have not been convicted of a criminal offence~~
  - ~~I am not facing any criminal prosecution~~
  - ~~I have not been sued as a defendant in civil proceedings~~
  - ~~I am not facing any claims in any civil suit~~
  - I have not been appointed as a Donee or Deputy for someone else

- (b) **Please indicate which option is applicable to you**
- I declare that I do not have any outstanding loans or debts at all
  - I declare that I do not have any outstanding loans or debts except for the following loans / debts, and I further declare that I am able to pay my loans and debts as and when they become due and payable.



<b>Information about loan / debt</b> <i>(e.g. creditor, reason for loan/debt etc.)</i>	<b>Amount owed</b>

6. **INFORMATION ABOUT P**

(a) **P's Full name:**

(b) **P's NRIC/FIN/Passport no.:**

(c) **P's Date of birth (DD/MM/YYYY):**

(d) **P's Age:**

(e) **P's Gender:**       **Male**       **Female**

(f) **P's Marital status:**

- Single**
- Married**
- Divorced**
- Separated**
- Widowed**
- Unknown**

(g) **Address at which P is currently residing:**

(h) Is P living in a nursing home?  Yes  No

If “Yes”, please state which nursing home:

(i) Do you confirm that, to the best of your knowledge and belief, P’s incapacity is as set out in the doctor’s affidavit(s) and medical report(s) filed in support of your application?

Yes  No

(j) P’s **current** care arrangements **and main caregiver(s)**:  
*(Please provide information about how P is currently being cared for and who is P’s main caregiver(s))*

(k) P’s **monthly** expenses:  
*(Please include any expenses which P currently does not have but is expected to incur in future and indicate these with an ‘\*’)*

<u>Type / Frequency</u> <i>(e.g. food/monthly, insurance/annually)</i>	<u>Amount</u>
<b><u>TOTAL</u></b>	

--

(l) **P's monthly income and sources of such income:**  
*(Please include any income which P currently does not have but is expected to receive in future and indicate these with an '\*')*

<u>Source of Income</u> <i>(e.g. salary, insurance, government payouts, rental etc.)</i>	<u>Value</u>
<b><u>TOTAL</u></b>	

(m) **P's assets and up to date value (to the best of your knowledge) of these assets:**

<b>Assets</b> <i>(e.g. bank accounts, CPF accounts, insurance policies, stocks and shares, property etc.)</i>	<b>Value</b>
<b>TOTAL</b>	

(n) **Please indicate which options are applicable and provide details where applicable**

**P has no outstanding debts or liabilities**

**P's debts or liabilities are as follows:**

<b>Information about loan / debt</b> <i>(e.g. creditor, reason for loan/debt etc.)</i>	<b>Amount owed</b>

**P has not received and is not going to receive any form of compensation or award of damages**

**P has received or is going to receive the following compensation or award of damages:**

<b>Information about compensation</b> <i>(e.g. nature of claim etc.)</i>	<b>Amount</b>

**(o) LASTING POWER OF ATTORNEY**  
*(Please indicate which of the following is applicable)*

**P made a Lasting Power of Attorney and the Registration No. is:**

\_\_\_\_\_

**P made an instrument intended to create a Lasting Power of Attorney but it has not been registered yet**

**P has not made a Lasting Power of Attorney and, as far as I am aware, P has not make an instrument intended to create a Lasting Power of Attorney**

**(p) Has P made a will?**

Yes       No       I do not know

(q) **PREVIOUS LEGAL APPLICATIONS CONCERNING APPLICANT(S) AND/OR P**

*(Please indicate which of the following is applicable)*

- There has been no application or order made relating to P under the Mental Capacity Act as well as the repealed Mental Disorders and Treatment Act
- There was an application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act in case no.

**Have the Applicant(s) and/or P been involved in any kind of court proceedings (e.g. criminal, tribunal, civil or family proceedings)?**

**Yes**       **No**

**If yes, please provide details below:**

7. **INFORMATION ABOUT RELEVANT PERSONS**

*(Please do not leave any blanks. Please state “Nil” if there is no one in the category in question. If a Relevant Person has passed away, please state the person’s name and indicate “(deceased)” after the name. Please list all of P’s relatives in the categories set out below even if you are of the view that some or all of them are not, by definition, Relevant Persons. If you feel that certain relatives are not Relevant Persons, please set out your reasons in the space provided below.)*

<b>(a) P’S SPOUSE</b>		
<b>Full name</b>	<b>NRIC/FIN/Passport No.</b>	<b>Age</b>

--	--	--

<b>(b) P'S PARENTS</b>		
<b>Full name</b>	<b>NRIC/FIN/Passport No.</b>	<b>Age</b>

<b>(c) P'S CHILDREN</b>		
<b>Full name</b>	<b>NRIC/FIN/Passport No.</b>	<b>Age</b>

<b>(d) P'S SIBLINGS</b>		
<b>Full name</b>	<b>NRIC/FIN/Passport No.</b>	<b>Age</b>

<b>(e) OTHER RELEVANT PERSONS WHO ARE LIKELY TO HAVE AN INTEREST IN AN APPLICATION CONCERNING P</b>
---

(e.g. persons who have a close relationship with P, persons who have a legal duty to support P, persons who will benefit from P's estate, persons who are responsible for P's care)			
Full name	NRIC/FIN/ Passport No.	Age	Relationship to P

**(f) Have you obtained the consent of the Relevant Persons named above?**

Yes       No

**You will normally have to obtain the consent of the Relevant Persons named above. If you have not done so, please explain why.**

**8. INFORMATION ABOUT ORDERS REQUESTED**

~~(a) Are you asking for an urgent interim order?~~

~~Yes       No~~

~~If "Yes", please state the nature of the urgent interim order and the reason for the urgency:~~

**(a) Of all relevant persons, why are you best suited to be appointed the Deputy/Deputies for the patient?**

*(Please state the reasons why you believe the Court should appoint you as Deputy/Deputies)*

**(b) What is your proposed plan for the care of P? (“care arrangements”)**

**(c) What is your proposed plan for the management of P’s property and affairs? (“financial management plan”)**

**(d) Why do you require an Order under the Mental Capacity Act at this point in time?**

---



*(Please state the circumstances that may have required or led to this application being filed.)*

**(b) — How will this application benefit P?**

*(Please provide information on how the Court Orders you are asking for can benefit P. If the Orders you are asking for relate to handling P's assets, please explain how P's assets will be used for P's maintenance and well-being.)*

9. I confirm that:
- (a) there are no other relevant persons who may be interested in this application;
  - (b) there are no other relatives or friends who have a close relationship with P;
  - (c) there are no other persons who have a legal duty to support P;
  - (d) there are no other persons who will benefit from P's estate; and
  - (e) there are no other persons who are responsible for P's care.
10. I declare and undertake as follows:
- (a) I understand my responsibilities if I am appointed as Deputy or Successor Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duties as P's deputy, and I will not use my position for any personal benefit.
  - (b) I will have regard to the Mental Capacity Act Code of Practice and act in accordance with the principles of the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.
  - (c) I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

11. I confirm that the documents exhibited herein and marked as “A” are true copies of the originals.

12. Upon the Court declaring that P lacks capacity to make decisions about the matters set out in the Applicant’s Form, I seek an order in terms of my application.

Sworn (or affirmed) by )  
the abovenamed on )  
this day of 20 )  
at Singapore )

Before me,

Commissioner for Oaths

This is the exhibit marked “A” referred to in the affidavit  
of \_\_\_\_\_ [*name of applicant*]  
and sworn / affirmed before me on this \_\_\_\_\_  
[*date on which the affidavit is sworn or affirmed*].

Before me,

A Commissioner for Oaths

## TABLE OF CONTENTS

<b>Document</b>	<b>Page No.</b>
<b>Documents that prove the applicant's relationship to P</b> (e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.)	
<b>Documents relating to P's assets</b> (e.g. bank statements, CPF statements, CDP statements, insurance documents, title search documents etc.)	
<b>Office of the Public Guardian search result showing if P has registered a Lasting Power of Attorney</b>	
<b>Office of the Public Guardian search result showing if there is a past Mental Capacity Act or Mental Disorders And Treatment Act Order in respect of P</b>	
<b>Wills Registry search result showing if P has registered a Will</b>	
<b>A copy of P's will</b>	
<b>Other documents</b>	

Note: Please exhibit the documents in the order listed above.

FORM 220

Para 54

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

OSM No.     )  
of 20         )

In the Matter of Section 20 of the Mental  
Capacity Act (Cap 177A)

And

In the Matter of \_\_\_\_\_  
[*name of person alleged to lack capacity*]  
(NRIC/FIN/Passport No.: \_\_\_\_\_), a  
person alleged to lack capacity (“P”)

\_\_\_\_\_  
[*name of applicant*]  
(NRIC/FIN/Passport No.: \_\_\_\_\_)

*Applicant*

**AFFIDAVIT**

I, \_\_\_\_\_ [*name of Successor  
Deputy*], of \_\_\_\_\_ [*address of  
Successor Deputy*], do make oath / affirm\* and say as follows:

1. I am the Successor Deputy proposed to be appointed to make decisions and act on P's behalf.
2. The facts contained in this affidavit are within my personal knowledge or are based on documents in my possession.
3. I confirm that the information set out in paragraphs 4, 5 and 6 below is true and correct.

4. **SUCCESSOR DEPUTY'S PARTICULARS**

(a) **Full name:**

(b) **NRIC/FIN/Passport no.:**

(c) **Date of birth (DD/MM/YYYY):**

(d) **Age:**

(e) **Gender:**             **Male**       **Female**

(f) **Telephone number:**

(g) **Occupation:**

(h) **Name and address of employer:**

(i) **Monthly income:**

<u>Source of Income</u> <i>(e.g. salary, insurance, government payouts, rental etc.)</i>	<u>Value</u>
<b><u>TOTAL</u></b>	

(j) **Relationship to P (i.e. the person alleged to lack capacity):**

- Spouse
- Child
- Parent
- Sibling
- Friend
- Others – please specify: \_\_\_\_\_

5. **INFORMATION ABOUT SUCCESSOR DEPUTY**

(a) **Please indicate which options are applicable to you**

- I am not an undischarged bankrupt
- I am not facing any bankruptcy actions
- ~~I have not been convicted of a criminal offence~~
- ~~I am not facing any criminal prosecution~~
- ~~I have not been sued as a defendant in civil proceedings~~
- ~~I am not facing any claims in any civil suit~~

- I have not been appointed as a Donee or Deputy for someone else

(b) Please indicate which option is applicable to you

- I declare that I do not have any outstanding loans or debts at all
- I declare that I do not have any outstanding loans or debts except for the following loans / debts, and I further declare that I am able to pay my loans and debts as and when they become due and payable.

<b>Information about loan / debt</b> <i>(e.g. creditor, reason for loan/debt etc.)</i>	<b>Amount owed</b>

**(c) PREVIOUS LEGAL APPLICATIONS CONCERNING APPLICANT(S) AND/OR P**

*(Please indicate which of the following is applicable)*

- Have you and/or P been involved in any kind of court proceedings (e.g. criminal, tribunal, civil or family proceedings)?**

Yes                       No

**If yes, please provide details below:**

\_\_\_\_\_



6. **INFORMATION ABOUT P**

(a) **P's Full name:**

(b) **P's NRIC/FIN/Passport no.:**

7. I understand the nature of the order which is applied for in these proceedings.
- (b) I have read and understood all the contents of the Originating Summons and the supporting affidavits.
- (c) I consent to the Originating Summons filed in these proceedings.
- (d) I consent to the dispensation of service of the Originating Summons, supporting affidavits and all subsequent documents filed in these proceedings on me\*.  
*(please delete if not applicable)*
- (e) I consent to the care arrangements / financial management plan / care arrangements and financial management plan\* proposed by the Applicants and I understand that I am to abide by all orders made by the Court.

8. I declare and undertake as follows:

- (a) I understand my responsibilities if I am appointed as Successor Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duties as P's deputy, and I will not use my position for any personal benefit.
- (b) I will have regard to the Mental Capacity Act Code of Practice and act in accordance with the principles of the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.

(c) I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

9. I confirm that the documents exhibited herein and marked as "A" are true copies of the originals.

Sworn (or affirmed) by )  
the abovenamed on )  
this day of 20 )  
at Singapore )

Before me,

Commissioner for Oaths

This is the exhibit marked “A” referred to in the affidavit of \_\_\_\_\_ [*name of successor deputy*] and sworn / affirmed before me on this \_\_\_\_\_ [*date on which the affidavit is sworn or affirmed*].

Before me,

A Commissioner for Oaths

## **TABLE OF CONTENTS**

<b>Document</b>	<b>Page No.</b>
<b>Documents that prove the successor deputy's relationship to P</b> (e.g. Birth Certificate, Marriage Certificate, Adoption Order etc.)	
<b>Other documents</b>	

**Note:** *Please exhibit the documents in the order listed above.*

FORM 221

Para 51, 53

**CONSENT TO ORIGINATING SUMMONS AND  
DISPENSATION OF SERVICE OF DOCUMENTS**

IN THE FAMILY JUSTICE COURTS OF  
THE REPUBLIC OF SINGAPORE

OSM No.        )  
of 20            )  
(Seal)            )

In the Matter of Section [section no] of the Mental Capacity  
Act (Cap177A)

And

In the Matter of [*name of person alleged to lack capacity*](ID  
No.:                ), a person alleged to lack capacity (“P”)

Between

(Name and ID No.:                )     ... Plaintiff<sup>+</sup>

And

(Name and ID No.:                )     ... Defendant

CONSENT

I [*name and ID number of relevant person*], of [*state address*] being the [*state nature of relationship with P*] of P state as follows:

OR

We, as the relevant persons whose details are listed in the table below, state as follows:

Name	ID No.	Address	Nature of relationship to P

1. I/We\* understand the nature of the order which is applied for in these proceedings.
2. I/We\* have read, considered and understood all the contents of the Originating

Summons and the supporting affidavits and I/we\* consent to the Originating Summons filed / to be filed\* in these proceedings.

*[If the relevant person(s) is/are only consenting to a part of the Originating summons, to state the prayers in the Originating Summons which the relevant person(s) is/are consenting to.]*

3. I/We\* consent to the dispensation of service of the Originating Summons, supporting affidavits and all subsequent documents filed in these proceedings on me/us.\*

4. I/We\* confirm that I am /we are\* aware of my/our\* right to seek independent legal advice.

Sworn (or affirmed) by the        )  
abovenamed                    on        )  
this    day of            20        )  
at Singapore                        )

Through the interpretation of (name and designation of person who interpreted) in (language of interpretation)\*

Before me,

Commissioner for Oaths

<sup>+</sup> To use “Applicant” if this is an ex parte application

<sup>#</sup> To delete if this is an ex parte application.

\*Delete where inapplicable.

FORM 227

Para 74

**ORIGINATING SUMMONS FOR LEAVE UNDER SECTION 121D OF THE  
WOMEN'S CHARTER (CHAPTER 353)**

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

OSF. No.     )  
of 20         )

In the Matter of Section 121D of the Women's Charter  
(Chapter 353)

Between

(ID No.:             )     ... Plaintiff

And

(ID No.:             )     ... Defendant

**EX PARTE ORIGINATING SUMMONS**

To :   The Defendant(s)  
      [*Name*]  
      of [*Address*]

The Plaintiff applies for the following orders :

1.   That leave be granted to the Plaintiff to file an application for financial relief against the Defendant under Section 121B of the Women's Charter;

