

TRIBUNAL FOR THE MAINTENANCE OF PARENTS
(Statement of Person applying on behalf of Applicant)

This statement is to assist you in providing information pertaining to your application on behalf of the Applicant. You are at liberty to use this supplied format or any other format.

Personal Particulars of Applicant

Name _____
Sex / Date of Birth _____
Race / Place of Birth _____
Current Address _____

Statement of Person applying on behalf of the Applicant

Part A

I _____, NRIC No. _____ of
(Name)
_____, am applying for maintenance
(Address)
on behalf of _____, the above-named Applicant.

*He / She is unable to apply in person for the reason that: _____

This application is made on behalf of the Applicant by me as:

- (i) The member of his / her Family
- (ii) The person in whose care he / she resides
- (iii) The person whom the Applicant has authorised to make such application (Letter of Authorisation attached)

[Please note that (iii) is not applicable for Applicants who suffer from mental infirmity in which case evidence of mental infirmity is required]

(*Delete as appropriate.)

Part B

I wish to state the following:

1. Applicant's Marital Status

No. of marriage /Coha-bitations	Name of spouse(s) / partners	Date of marriage / cohabitation	No. of children	Current status: Married/Cohabited/ Divorced (specify date)/ Separated (specify date)/ Passed away (specify date)
1 st				
2 nd				
3 rd				

2. Applicant's Employment and Income

a) Employed as a _____

Monthly income is \$ _____ (Gross) \$ _____ (Net)

OR

b) Unemployed.

Last employed as a _____ on _____ (Date)

Last drawn monthly income was \$ _____ (Gross) \$ _____ (Net)

c) My monthly income from:

(i) Child(ren) / Friend(s) / Relative(s): \$ _____

Name of Child(ren) / Friend(s) / Relative(s)	Description of Contribution(s)

Note: If you have a current Memorandum of Agreement (MOA) from the Office of the Commissioner for the Maintenance of Parents (CMP) with the Respondent(s) and the Respondent(s) had previously consented to the MOA being disclosed for the purpose of proceedings before the Tribunal, you may attach a copy of the CMP MOA.

(ii) Pension / CPF or Insurance Annuity: \$ _____

(iii) Rental / Bank Interest / Shares Dividend: \$ _____

(*Delete as appropriate.)

(iv) Financial aid /Food rations: \$ _____

Name of Agency(ies)	Type of Assistance (\$) per month

(v) Others (to specify) _____ \$ _____

d) Applicant's spouse's occupation is _____

Spouse's monthly income is: \$ _____ (Gross) \$ _____ (Net)

3. Applicant's Financial Assets / Sources of Income

a) The Applicant *own / does not own property.
Give description of property, if relevant

b) The Applicant *has / does not have savings / other financial resources.
Give details of savings, if relevant, e.g. amount of savings, number of bank accounts,
details of resource and total value of shares (if any).

4. Applicant's Personal Expenses

List expenses incurred per month to meet basic amenities and physical needs including (but not limited to) shelter, food and clothing:

Type of Expenses	Amount (\$)
Rental / Mortgage payment: _____ *Cash or / and CPF	_____
Service & Conservancy charges / Maintenance	_____
Utilities	_____
Food	_____
Transport	_____
Medicine / medical treatment	_____
Monthly maintenance charges in Institution	_____
Miscellaneous (to specify): _____ _____	_____
Total	_____

Attach supporting documents

(*Delete as appropriate.)

5. Applicant's current means of subsistence

- Savings
- Income
- Assistance from Relatives / Friends
- Assistance from Welfare Agencies

6. On behalf of the Applicant, I *attach supporting documents / I do not have any supporting documents.

7. On behalf of the Applicant, I am applying for maintenance of \$ _____ per month from the following Respondent(s) and I am also supplying the following information on the Respondent(s):

Name of Respondent	Relationship to Applicant	Age	Marital Status	No. of Child(ren) / Age	Occupation & monthly Income

(*Delete as appropriate.)

9. The Applicant's reason for application **below the age of 60** is as follows:

a) The Applicant has / does not have medical *report / certificate indicating that he/she cannot be employed for _____ * day / month / year or permanently incapacitated due to suffering from infirmity of mind or body;

*or / and

b) The Applicant has other special reason (to specify):

10. On behalf of the Applicant, I *attach / do not have documents in support of his / her physical or mental disability, if any, and any such other documents as may be required.

11. The Applicant *has / has not sought financial assistance from Social Service Office (SSO).

If yes, Name of SSO _____

12. This statement is recorded by *me / other person, _____

_____ (Name / Agency of Recorder of Statement).

If recorded by other person: please declare 12a.

a) This statement was read over to me in _____ (Language / Dialect). I declare that the information in this statement is provided by me to the recorder.

13. I declare that the information given in this Statement is true and correct to the best of my knowledge, information and belief as at _____ (Date). I have made full and frank disclosure of the Applicant's income, expenses, assets and means to the best of my knowledge, information and belief.

14. I take note that this statement will be served on the Respondent(s) together with my application in Form 3.

Dated this _____ day of _____ 20 _____

Signature of Recorder of Statement
Name:

Signature or right thumbprint of
Person applying on behalf of the Applicant

Spoken language/dialect of the Person on behalf of the Applicant: _____

(*Delete as appropriate.)