



The court

To be completed by the court

Date issued

The full name(s) of the child(ren)

Case number

Child(ren)'s number(s)

**Warning** The Court will require to see written evidence of unemployment or sickness; or wage or salary slips, bank statements, and other papers giving details of your means. This evidence should be attached to this form or brought with you when you attend the hearing.

## 1 About you

- State
- your title, full name, address, telephone number and date of birth
  - whether you are married, in a civil partnership, single or other
  - whether you are the applicant or the respondent.

## 2 Your dependants

- State for each dependant
- the dependant's title, full name and age
  - whether the dependant is a spouse, civil partner, partner, child or other
  - whether the dependant is wholly or partially financially dependent on you
  - whether the dependant lives with you.

## 3 Your employment

State whether you are employed, self-employed, unemployed or other.

- If you are employed, state
- your employment
  - your employer's name, address and daytime telephone number.

## **4 Your buildings and land**

*List all buildings and land you own, whether in your name alone or jointly, stating for each*

- *the address*
- *the name(s) of the owner(s)*
- *the current value.*

## **5 Your financial assets**

*List each bank, building society and post office account, stating for each*

- *the name and address where the account is held*
- *the account number*
- *the current balance.*

*List all investments and securities (for example, shares, insurance policies) stating for each one the name and quantity and current value.*

*List all pension schemes, stating for each one the scheme name and the company.*

## **6 Other possessions of value**

*List all possessions of value (for example, jewellery, antiques, collectable items), stating for each:*

- *what they are*
- *the current value.*

## 7 Your income

State whether  
Weekly (W) or  
Monthly (M)

If employed, state your usual take home pay £

If self employed, state

- your drawings £
- your gross turnover £
- your profit after expenses £
- whether you expect your turnover to increase, decrease or remain the same:
- the date of the accounts showing the above gross turnover and profit after expenses Year ending [19 ][20 ]

In all cases, state any of the following which you receive

- Income support £
- Child benefits £
- Child Support Agency £
- Other state benefits (specify source) £
- £
- £
- Pension(s) (specify source) £
- £
- £
- Contributions from others in the home (total) £
- Other income (specify source and amount) £
- £
- £
- £

Total income: £ \_\_\_\_\_

## 8 Court Orders

*Enclose a copy of any order*

Court	Case Number	Amount outstanding (£)	Amount of payment (£)	Weekly (W) or Monthly (M)

## 9 Your expenses

	Amount of payments	Weekly (W) or Monthly (M)	Total debt	Amount of arrears
Mortgage				
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Council tax	_____	_____	_____	_____
Gas	_____	_____	_____	_____
Electricity	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Water charges	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Loans	_____	_____	_____	_____
Storecards	_____	_____	_____	_____
HP Payments	_____	_____	_____	_____
TV rental and licence	_____	_____	_____	_____
Mail Order	_____	_____	_____	_____
Food	_____	_____	_____	_____
Clothing	_____	_____	_____	_____
Public transport	_____	_____	_____	_____
Car expenses	_____	_____	_____	_____
School meals	_____	_____	_____	_____
Child minding	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Child Support Agency	_____	_____	_____	_____
Other payments (give details)	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Total Payments</b>	_____	_____	_____	_____

Signed:



Date:

[Applicant] [Respondent]