

# Application for Maintenance or Contribution

## Form 5 Family Law Rules – r. 7.01

This form is for use by persons seeking maintenance or contribution for expenses related to childbirth but NOT seeking orders relating to property.

Please type or print clearly and mark [X] all boxes that apply. Attach extra pages if you need more space to answer any questions.

Filed in:

- Family Division of the High Court
- Family Division of the Magistrates' Court

COURT USE ONLY	
File number: _____	
Filed at: _____	
Filed on: _____	
Hearing—Place: _____	
Date:    /    /    Time:    a.m/p.m.	

### Notice to parties

- Unless the Court otherwise orders, the application will be heard on the hearing date in the box above.
- You must produce to the Court at the hearing your copy of your last tax return, your last tax assessment, your 3 most recent pay advice slips, your bank records for the last 12 months and any documents in your possession or control that may help the Court decide your income needs and financial resources.
- You may be represented at the hearing by a lawyer.

### Notice to respondent (person against whom the applicant seeks orders)

If you oppose the orders sought in item 6, you must:

- attend the hearing listed above (if you do not do attend, the Court may make an order in your absence); and
- file with the Court a Response (Form 6); and
- serve a copy of it on the applicant as soon as possible.

## Part A About the parties

**COMPLETE YOUR COLUMN AND AS MUCH OF THE OTHER COLUMN AS YOU CAN.**

### 1. PERSONAL PARTICULARS OF PARTIES

#### APPLICANT 1

Full name as used now *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Residential address

Phone

- Male                       Female

#### RESPONDENT 1

Full name as used now *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Residential address

Phone

- Male                       Female

**APPLICANT 2**

Full name as used now (including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)

Residential address

Phone

Male

Female

**APPLICANT 1**

**2. Address for service in the Fiji Islands**

(Mark one only)

- Residential address, as above
- Postal, work or other address (insert):

Solicitor (insert particulars):

Solicitor's name:

Firm name:

Address:

**3. Usual occupation**

**4. Basis of jurisdiction**

MARK [x] EVERY BOX THAT APPLIES TO APPLICANT 1

**APPLICANT 1**

- Present in the Fiji Islands
- Ordinarily resident in the Fiji Islands
- Fiji Islands citizen

**RESPONDENT 2**

Full name as used now (including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)

Residential address

Phone

Male

Female

**RESPONDENT 1**

**Address for service in the Fiji Islands**

(Mark one only)

- Residential address, as above
- Postal, work or other address (insert):

Solicitor (insert particulars):

Solicitor's name:

Firm name:

Address:

- Present in the Fiji Islands
- Ordinarily resident in the Fiji Islands
- Fiji Islands citizen

**5. In this case, which of the following descriptions applies?**

- Husband/father
- Wife/mother
- Other (specify) \_\_\_\_\_

- Husband/father
- Wife/mother
- Other (specify) \_\_\_\_\_

If there is a second applicant or second respondent, attach a separate sheet answering items 2 to 5 for Applicant 2 and items 2, 4 and 5 for Respondent 2.

**Part B**

**Orders sought by applicant**

6. State briefly but precisely what orders you seek (Give a number to each order sought and, if you need more space, attach an extra page, numbering it Item 6, page 2)

[Empty response box for item 6]

**Part C**

**About the relationship of the parties**

7. When did you and the respondent begin living together?			DATE: / /	Not applicable <input type="checkbox"/>
8. When and where did you and the respondent marry?				
Date	City/Town/Locality	Country		<input type="checkbox"/>
/ /				
9. When did you and the respondent finally separate?			DATE: / /	<input type="checkbox"/>
10. When and where did you and the respondent get divorced?				
Date	City/Town	Country		<input type="checkbox"/>
/ /				

**Part C About the children**

11. Are there any children in respect of whom maintenance or contribution is sought? :

**No** GO TO ITEM 12

**Yes** COMPLETE THIS ITEM

**Give the following details for each child:**

**Child 1**

Child's full name

Child's date of birth

 /  / 

Child's sex

Male  
 Female

Full name of mother *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Full name of father *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Person with whom the child lives most of the time

**Child 2**

Child's full name

Child's date of birth

 /  / 

Child's sex

Male  
 Female

Full name of mother *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Full name of father *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Person with whom the child lives most of the time

**Child 3**

Child's full name

Child's date of birth

 /  / 

Child's sex

Male  
 Female

Full name of mother *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Full name of father *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Person with whom the child lives most of the time

**Child 4**

Child's full name

Child's date of birth

 /  / 

Child's sex

Male  
 Female

Full name of mother *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Full name of father *(including father's name ("f/n"), if necessary for identification; surname underlined, if applicable)*

Person with whom the child lives most of the time

*If you need more space for any other children, attach extra pages, numbering them Item 11, page 2, and so on.*

**Part D About any current maintenance, etc., orders**

12. Are there any orders of this or any other Court about maintenance or contribution that involve any of the parties or any of the children listed on this form?

- No – GO TO ITEM 13
- Yes – GIVE THE FOLLOWING DETAILS

Court name and place	Court file number	Next court date
Names of the parties		
Terms of the order		

IF THERE IS MORE THAN ONE ORDER PLEASE ATTACH EXTRA PAGES, NUMBERING THEM ITEM 12, PAGE 2, AND SO ON

**Part E Income**

13. Your income (average weekly):

	\$
Pay before tax	.
Income from business	.
Pensions	.
Maintenance	.
Board	.
Interest, dividends, tax refunds	.
Other (specify, including allowances from employer or business, charitable assistance, etc.)	
	.
	.
	.
	.
<b>Total</b>	.

14. Name, age, relationship to you and gross income of each other occupant of your home

Name	Age	Relationship to applicant	Average weekly income (\$)

**Part F****Necessary commitments (expenditure)****15. Average weekly expenses**

(Fill in only your own individual expenses if you are not claiming orders for child maintenance.)

Note: Give weekly amounts in whole dollars. If the amount for any item is nil, write 'Nil'.

ITEM	TOTAL	FOR YOU	FOR CHILDREN (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Water	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Motor vehicle —				
- petrol	\$	\$	\$	\$
- maintenance	\$	\$	\$	\$
Fares/car parking	\$	\$	\$	\$
Education expenses, including fees and levies	\$	\$	\$	\$
Cleaning (house, etc.)	\$	\$	\$	\$
Rent	\$	\$	\$	\$
Mortgage repayments	\$	\$	\$	\$
Other loan repayments	\$	\$	\$	\$
Hire purchase repayments	\$	\$	\$	\$
	\$	\$	\$	\$
Other necessary commitments ( <i>specify</i> )	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Part G****Property and financial resources****16. What you own**

Provide sufficient detail to identify all assets, including address of any real estate; interest, location and account number of each bank, building society or credit union account and type of account; company and number of any shares, debentures or notes; company and policy number of any life assurance and superannuation policies; superannuation fund of any other superannuation; name of debtor for any debt owed to you; and full details of any business interests, motor vehicles, boats or other assets. Attach extra pages if you need extra space.

	Value (\$)
Home (other than an inalienable interest)	
Other real estate (other than inalienable interests)	
Other real estate (inalienable interests)	
Furniture and household effects	
Personal effects	
Bank or other accounts	
Cash on hand	
Shares and debentures	
Motor vehicles	
Life insurance policies	
Business interests	
FNPF	
Other superannuation	
Money owed to you	
Other (specify)	
Total	\$

**17. What you owe**

Give full details to identify each item, including to whom it is owed. . Attach extra pages if you need extra space.

	Owing (\$)
Home loan	
Other mortgages	
Other loans	
Overdrafts	
Credit card accounts	
Leases, hire purchases, bills of sale	
Tax	
Other (specify)	
Total	\$

**Part H**

**Affidavit of applicant(s)**

**PLEASE DO NOT COMPLETE THIS PART OF THE FORM UNTIL YOU ARE WITH A PERSON WHO IS LEGALLY ABLE TO WITNESS YOUR SIGNATURE.**

You must complete the following affidavit. You must sign it in the presence of a Justice of the Peace, notary public or lawyer. The person witnessing the affidavit will fill in the place and date.

**Applicant 1**

I swear\*/affirm\* that:

- I am the\*/an\* applicant;
- I have read this application;
- the facts of which I have personal knowledge are true; and
- all other facts are true to the best of my knowledge, information and belief.

**Applicant 2**

I swear\*/affirm\* that:

- I am an applicant;
- I have read this application;
- the facts of which I have personal knowledge are true; and
- all other facts are true to the best of my knowledge, information and belief.

Signature of Applicant 1

Place

Date

	/	/	
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Signature of Applicant 2

Place

Date

	/	/	
--	---	---	--

Before me *(signature of witness)*

Full name of witness *(please print)*

- Justice of the Peace/Commissioner for Oaths
- Notary
- Lawyer

Before me *(signature of witness)*

Full name of witness *(please print)*

- Justice of the Peace/Commissioner for Oaths
- Notary
- Lawyer

\* Delete whichever is inapplicable

This application was prepared by:

- applicant(s)
- lawyer for applicant(s)

PRINT LAWYER'S FIRM NAME