

MINISTRY OF SOCIAL AFFAIRS AND MANPOWER DEVELOPMENT

FAMILY TRIBUNAL SECRETARIAT

Case Registration Form

FT/MCA/2001A

TYPE OF APPLICATION (Put a tick (✓) in the appropriate box or specify)

MAINTAINANCE	CUSTODY	ACCESS	OTHER (Specify)

Registration Case Number:

Section A - Particulars of Person Making the Application: (Applicant/Complainant)

(1) Surname

(2) Name

(3) Known As

(4) N.I.N. (5) D.O.B.

(6) Age (on last birthday) (7) Sex (M/F)

(8) Marital Status (Present) Married ☐ Co-habitation ☐ Single ☐ Divorced ☐ Other ☐

(Previous) Married ☐ Co-habitation ☐ Single ☐ Divorced ☐ Other ☐

(9) Religion (10) Relationship to Child (if applicable)

(11) Occupation (12) Tel. No.

(13) Full Address (Home)

(Work)

(14) Material Facts to Support Application/Nature of Complaint

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Section B – Application Being Made on Behalf of: (Minors and the Elderly)

No. of Children/Elderly (delete as appropriate) on whose behalf this application is being made ☐

	<u>Particulars</u>	<u>Chd/Eld1</u>	<u>Chd/Eld2</u>	<u>Chd/Eld3</u>	<u>Chd/Eld4</u>
1.	Surname:				
2.	Name:				
3.	Known as:				
4.	N.I.N.:				
5.	D.O.B.:				
6.	Age (on last birthday)				
7.	Sex: (M/F)				
8.	Marital Status:				
	(Present)				
	(Past)				
9	Religion:				
10.	Occupation:				
11.	Telephone No:				
12.	Full Address:				
	(Home)				
	(Work)				

Notes:

Marital status: Married (M) Co-habitation (C) Single (S) Divorced (D) Other (Specify) If Applicable

Section C – Particulars of the Respondent(s)

	Particulars	Respondent 1	Respondent 2
1.	Surname:		
2.	Name:		
3.	Known as:		
4.	N.I.N.:		
5.	D.O.B.:		
6.	Age (on last birthday)		
7.	Sex (M/F):		
8.	Marital Status:		
a)	(Present)		
b)	(Past)		
9.	Religion:		
10.	Relationship to the:		
a)	Child		
b)	Elderly		
11.	Occupation :		
12.	Telephone No:		
13.	Full Address:		
a)	(Home)		
b)	(Work)		
	State why respondents do not want to maintain (if applicable)		
	Child/children:		
	Elderly:		

Notes:

Marital Status: Married (M) Co-habitation (C) Single (S) Divorced (D) Other (specify)

Section D – Additional Information and Other Particulars

Section D – Additional Information and Other Particulars

This section should be completed as appropriate for parents involved in the application.

(i) Other Information About the Applicant

(1) How many children has the applicant ? ☐ (2) Do they all have the same biological parents ? (Y/N)

(3) If no, state how many have the same father/mother (delete as applicable) ☐

(4) Are all the Applicant's other children living in ? (Y/N) (5) If no, complete the following table.

Details of the Applicant's other children (Tick (✓) where applicable)

	Name	Sex	Age	Presently	Living	with	Child is	Application
		M/F		Mother	Father	Other	maintained ?	foreseen
1							Y/N	Y/N
2								
3								
4								
5								
6								

(6) How many children do you have with your present partner ? ☐

(7) Respondent's age at birth of first child

(8) Age of Applicant's partner at birth of first child (if known/applicable)

(9) No. of applications including this one (Include cases filed both in Court and the Family Tribunal) ☐

(10) No. of applications against: Same Respondent(s) ☐ Different Respondent(s) ☐

(11) Year of first application

(12) Nature of previous applications:

(13) Outcome of previous applications:

(14) Other relevant information:

(ii) **Other information about the Respondent**

N.B. Application here refers to application AGAINST the Respondent

(1) How many children has the Respondent ? ☐ (2) Do they all have the same biological parents ? (Y/N)

(3) If no, state how many have the same father/mother (delete as applicable) ☐

(4) Are all the Respondent's children living in ? (Y/N) (5) If no, complete the following table.

Details of the Respondent's other children (Tick (✓) where applicable)

	Name	Sex M/F	Age	Presently Mother	Living Father	With Other	Child is Maintained ? Y/N	Application Foreseen Y/N
1								
2								
3								
4								
5								
6								

(6) How many children do you have with your present partner ? ☐

(7) Respondent's age at birth of first child

(8) Age of Respondent's partner at birth of first child (if known/applicable)

(9) No. of cases, including this one (Include cases answered both in Court and the Family Tribunal) ☐

(10) No. of cases filed by: Same Applicant ☐ Different Applicant ☐

(11) Year of first application:

(12) Nature of previous applications:
.....

(13) Outcome of previous applications:
.....

(14) Other relevant information:

Registration Officer

Signature

Date