



CHILD MAINTENANCE AND ACCESS ACT, 2017
Application for Maintenance

VIRGIN ISLANDS
In the Magistrate's Court,

Case number

BETWEEN

.....

Applicant

and

.....

Respondent

I..... of hereby apply for an
(Name of Applicant) (Address)

Order that of pay the sum
(Name of Respondent) (Address)

of for the maintenance of :

- (1) who is..... years old
- (2) who is..... years old
- (3) who is..... years old

and who reside atwith the Applicant or

.....at

.....
(Name of Applicant)

.....
(Signature of Applicant)

.....
(Date)

FORM 1

TAKE NOTICE:

This application will be heard by the Magistrate sitting at the Magistrate's Court located at _____ on the _____ day of _____ 2020 @ 10:00am.

IF YOU DO NOT ATTEND THIS HEARING AN ORDER MAY BE MADE IN YOUR ABSENCE.

The **Court's Office** is located at **2nd Floor of the, Virgin Gorda Administration Building**, We can be contacted on telephone number **468-6585** or by **email** address **magistracy.delinquency@gov.vg**.

The **Court's office** is open between the hours of **8:30am to 1:30pm Mondays thru Fridays**, except Public Holidays.

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