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CHILD MAINTENANCE AND ACCESS ACT, 2017

**VIRGIN ISLANDS
In the Magistrate's Court,**

BETWEEN

.....

Applicant

and

.....

Respondent

STATEMENT OF EXPENSES

I..... of hereby certify that the below is a true account of the expenses relating to the child/ren of the application and represent such other information required by me.

Part I APPLICANT'S INFORMATION

Occupation:

Home Address:

Employer's name and full Work Address:

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Home Phone Number: _____ Cellular Phone Number _____

Work Phone Number: _____ Fax: _____

Would you or any of your witnesses require a translator during the proceedings?

If yes, please state the desired language. _____

In case urgency, how do we contact you? _____

Number of children with Respondent: _____

Names/Dates of Birth and Ages of Children with Respondent: _____

DETAILS OF INCOME:

Monthly salary gross: _____

Monthly Salary (after deductions for Payroll Taxes and Social Security) _____

Yearly Salary (gross) _____

Details of Savings: _____

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DETAILS OF ASSETS:

Land (Specify acreage, whether undeveloped and value (including beneficial/equitable interests))

Houses (specify location, size, value including beneficial/equitable interests)

Cars (specify make, model, year, current value including beneficial/equitable interests & registration numbers)

Cash on Banks (state bank names, type of account and current balance at date of application)

Stocks/Bonds/Shares in Companies (specify number and values)

Other: [please state any other source of income that is not already indicated]

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DETAILS OF EXPENSES OF APPLICANT:

Rent: _____ **Car Loan:** _____

Mortgage: _____ **Electricity:** _____

Food: _____ **Clothing:** _____

Transportation: _____ **Gas:** _____

Propane: _____ **Water:** _____

Insurance: _____ **Cable:** _____

Credit Card obligations: _____

Other/Explanation:

DETAILS OF INCOME, EARNING CAPACITY, PROPERTY AND OTHER RESOURCES OF THE CHILD/CHILDREN, IFA FINANCIAL NEEDS OF THE CHILD

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DETAILS OF EXPENSES ATTRIBUTABLE TO CHILD/CHILDREN

Rent: _____

Car Loan: _____

Mortgage: _____

Electricity: _____

Food: _____

Clothing: _____

Transportation: _____

Gas: _____

Propane: _____

Water: _____

Insurance: _____

Educational: _____

School Lunches: _____

Medical: _____

Cable: _____

Extra-Curricula activities: _____

Other/Explanation: _____

Do the child or any of the children suffer from any chronic diseases requiring regular medical attention: YES/NO

If Yes, Explain _____

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Is the child or any of the children suffering for a mental or physical illness that will require an order for maintenance beyond the age of 18 years? (order under section 12(2))

If Yes, Explain _____

Is the child or any of the children unable to maintain himself or herself by reason of an illness and will require specialised care which will extend beyond the child's eighteenth birthday;

If Yes, Explain _____

Is the child or any of the children over 18 years old and still pursuing secondary education.

If Yes, please provide details _____

What is the current financial contribution by the Respondent towards the child/children? _____

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Do you, or any of your family members receive public assistance on behalf of the child/children? Yes/NO

If yes, Explain _____

PART II DEFENDANT'S INFORMATION

Name: _____ **Date of Birth** _____

ALIAS _____ **Place of birth:** _____

Does the Defendant speak English fluently? YES/NO

If no, what is the Defendant's native language? _____

Current Address: _____

If the Defendant has lived at his current address for less than six months, please give details of his previous address: _____

Defendant's Work address: _____

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**Defendant's
Employer:** _____

**Defendant's
Occupation:** _____

Defendant's Home Telephone Number: _____

Defendant's Cellular Phone Number _____

Defendant's Work Telephone Number: _____

Names and contact information for family members of the Defendant via whom contact with the Defendant may be made or sought.

Does the Defendant own a vehicle or regularly drive a particular vehicle? YES/NO

If yes, please describe in detail the model, make, and color of the vehicle and give its registration number if known.

DEFENDANT'S MEANS

In order to assist the Court in arriving at a reasonable amount of maintenance, please indicate any information you have about the Defendant's means.

DETAILS OF INCOME:

Monthly salary gross: _____

Monthly Salary (after deductions for Payroll Taxes and Social Security)

Yearly Salary (gross) _____

Details of Savings: _____

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DETAILS OF ASSETS:

Land (Specify acreage, whether undeveloped and value (including beneficial/equitable interests))

Houses (specify location, size, value including beneficial/equitable interests)

Cars (specify make, model, year, current value including beneficial/equitable interests & registration numbers)

Cash on Banks (state bank names, type of account and current balance at date of application)

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Stocks/Bonds/Shares in Companies (specify number and values)

Other: [please state any other source of income that is not already indicated]

CERTIFICATE OF TRUTH

This STATEMENT has been filed out by of and its contents are true to the best of my knowledge, information and belief. I make it knowing that it is an offence under section 28(1) of the Child Maintenance and Access Act, 2017 (the "Act") to provided false information for any purpose related to the administration f the said Act or any regulations under the Act.

Dated this day of 201

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.....
Signature

.....
Print Name

.....
(Name of Applicant)

.....
(Name of Applicant)

.....
(Date)