

In the Royal Court of Jersey

Family Division

[enter No.]

BETWEEN "[Type name of Applicant]" APPLICANT
AND
[Type name of Respondent] RESPONDENT

Affidavit of [Type name of Applicant]

I, [Type name of Applicant] of [Type name of Address] MAKE OATH AND SAY AS FOLLOWS:-

1. I make this affidavit in support of my application to have the Order made the [Type Date day/month/year in Full] in Jersey in respect of maintenance for [type name/s of child/ren, date(s) of birth, gender] enforced in [Type name of State Country];
2. I attach a copy of the Order and request the Court to certify the same as a true copy;
3. I attach a Schedule of payments [which shows arrears of £] OR No payments have been made;
4. I attach [further documentary evidence, e.g. bank statements showing proof of the amounts paid, or not paid.]
5. The respondent's full name is "[Type name of Respondent in Full]" "[and his/her address is Type name of Address]" . [The last time I corresponded with him/her at this address was on]; or
[I do not know his/her current address, but s/he lives in the [Type name of State Country] area];
[His/Her employer's name is [Type name of Employer], [the address is] and his/her occupation is [Type name of Occupation]]; or
[I don't know his/her employer's name, but s/he works for/as a [Type name of employment] in [Type name of Town]];
His/Her telephone number is [Type Code & Number] and/or [mobile telephone number

is "[Type Number]"]; [and his/her email address is "[Type email address]"]

S/He can be described as "[Ethnicity of]" , [Type Height & Weight] with [Type Colour of Hair] hair or the respondent is bald and [Type Colour of Eyes].

His/Her passport was issued by [Type name of State Country]

[Type Date day/month/year in Full]. [but I do not have any further details]

[I attach a photograph of the respondent.] [A photograph is not attached]

6. [set out any other financial circumstances which may be relevant.]

7. My financial circumstances are as follows:-

[I work full-time/part time] [I am unemployed][I am unable to work due to illness]

(a) **My Income**

[set out all sources of gross and net income on a monthly basis]

(b) **My Expenses**

[set out all expenses incurred on monthly basis]

8. Payments in accordance with the Order should be sent to:-

[Type name of Bank]

[Type name of Address of Bank]

[Type name of Sort Code]

[Type name of Account Number]

9. I further attach:-

(a) a certified copy of my marriage certificate, [if applicable];

(b) a certified copy/copies of birth certificate/s of our child/ren.

SWORN BY THE SAID

[Click and type name]

On the [Type day] day of [Type Month], [Type year]

Before me,

The address for service is:-

[Click and type ADDRESS]