

(ACT 24 OF 1987)

REGULATION 2 OF THE MEDIATION IN CERTAIN DIVORCE MATTERS  
REGULATIONS, 1990

ARRANGEMENTS REGARDING DEPENDANT AND MINOR  
CHILDREN

CASE NO. \_\_\_\_\_

IN THE MATTER BETWEEN:-

\_\_\_\_\_ PLAINTIFF/APPLICANT

AND

\_\_\_\_\_ DEFENDANT/RESPONDENT

A. PARTICULARS OF PLAINTIFF/APPLICANT:

1. RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. TELEPHONE NO. (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

4. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. GROSS MONTHLY INCOME, IF KNOWN: \_\_\_\_\_

6. EXTENT OF MONTHLY FINANCIAL COMMITMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. PARTICULARS OF DEFENDANT/RESPONDENT:**

1. RESIDENTIAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. POSTAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. TELEPHONE NO. (HOME) \_\_\_\_\_  
 (WORK) \_\_\_\_\_

4. NAME AND ADDRESS OF EMPLOYER:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. GROSS MONTHLY INCOME, IF KNOWN: \_\_\_\_\_

6. EXTENT OF MONTHLY FINANCIAL COMMITMENTS, IF KNOWN:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. GENERAL INFORMATION:**

1. STATE FULL NAME, GENDER (SEX) AND DATE OF BIRTH OF EACH MINOR OR DEPENDANT CHILD OF THE MARRIAGE:

	FULL NAME	DATE OF BIRTH	GENDER
1.			
2.			
3.			
4.			
5.			
6.			

2. STATE WITH WHOM THE CHILDREN ARE LIVING AT PRESENT:

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3. STATE WHERE THE CHILDREN ARE TO LIVE, FURNISH PARTICULARS OF THE ACCOMMODATION, WHAT OTHER PERSON(S) (NAME THEM) ARE LIVING THERE AND WHO WILL LOOK AFTER THE CHILDREN, IF IT IS PROPOSED THAT THE CHILDREN SHOULD BE IN THE CARE OF A PERSON(S) OTHER THAN YOURSELF. STATE WHETHER OR NOT THAT PERSON(S) HAS AGREED TO THIS ARRANGEMENT. STATE THE RELATIONSHIP OF SUCH OTHER PERSON(S) TO THE CHILDREN.

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4. STATE THE NAME OF THE SCHOOL OR OTHER EDUCATIONAL ESTABLISHMENT WHICH YOUR CHILDREN ARE AT PRESENT ATTENDING, OR IF ANY OF THEM ARE ALREADY WORKING, THEIR PLACE OF EMPLOYMENT, THE NATURE OF THEIR WORK AND DETAILS OF ANY TRAINING THEY ARE RECEIVING.  ATTACH COPIES OF THE MOST RECENT SCHOOL REPORTS.

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5. IS IT ENVISAGED THAT THE CHILDREN, AFTER THE CONCLUSION OF THE ACTION/APPLICATION, WILL HAVE TO CHANGE SCHOOLS? IF SO, GIVE FULL DETAILS:

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6. DO ANY OF THE CHILDREN EXPERIENCE LEARNING PROBLEMS? ARE ANY OF THEM IN ANY RESPECT PHYSICALLY OF MENTALLY DISABLED? IF SO, GIVE FULL DETAILS AND ATTACH RECENT MEDICAL



SIGNATURE

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. ARE YOU OR A MEMBER OF YOUR FAMILY KNOWN TO A WELFARE ORGANISATION OR AGENCY? IF SO, STATE THE NAME OF THE ORGANISATION/AGENCY AND WHERE IT OPERATES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. STATE BRIEFLY THE EXTENT TO WHICH THE ABOVE ARRANGEMENTS REGARDING YOUR MINOR OR DEPENDANT CHILDREN ARE THE RESULT OF MUTUAL AGREEMENT WITH YOUR HUSBAND/WIFE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OATH/AFFIRMATION

HEREBY DECLARE UNDER OATH/HEREBY TRULY AFFIRM, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE, COMPLETE AND CORRECT.

SIGNATURE OF DEPONENT

I certify that, before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence.

1. Do you know and understand the contents of the above declaration?

Answer: \_\_\_\_\_

2. Do you have any objections to taking the prescribed oath?

Answer: \_\_\_\_\_

3. Do you consider the prescribed oath to be binding on your conscience?

Answer: \_\_\_\_\_

I certify that the deponent acknowledged that he/she knows and understands the contents of this declaration. The deponent uttered the following words Al swear that the contents of this declaration are true, so help me God@/Al truly affirm that the contents of this declaration are true@. The signature/mark of the deponent was affixed to the declaration in my presence.

COMMISSIONER OF OATHS

FULL NAME(S) AND SURNAME \_\_\_\_\_

DESIGNATION (RANK) \_\_\_\_\_ EX OFFICIO REPUBLIC OF SOUTH AFRICA

BUSINESS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_