

**ANNEXURE A**  
**FORM 1**

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

ARRANGEMENTS REGARDING DEPENDENT AND MINOR CHILDREN

CASE NO \_\_\_\_\_ 200

IN THE HIGH COURT OF SOUTH AFRICA

\_\_\_\_\_ DIVISION

IN THE MATTER BETWEEN

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

AND

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

**1. PARTICULARS OF PLAINTIFF / APPLICANT**

POSTAL ADDRESS:

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RESIDENTIAL ADDRESS:

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TELEPHONE NO: (HOME) \_\_\_\_\_

GROSS MONTHLY INCOME \_\_\_\_\_

EXTENT OF FINANCIAL COMMITMENTS

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NAME AND ADDRESS OF EMPLOYER:

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TELEPHONE NO: (WORK) \_\_\_\_\_

**2. PARTICULARS OF DEFENDANT / RESPONDENT**

POSTAL ADDRESS:

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RESIDENTIAL ADDRESS:

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TELEPHONE NO: (HOME) \_\_\_\_\_

GROSS MONTHLY INCOME \_\_\_\_\_

EXTENT OF FINANCIAL COMMITMENTS

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NAME AND ADDRESS OF EMPLOYER:

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TELEPHONE NO: (WORK) \_\_\_\_\_

**3. GENERAL INFORMATION**

State full name, gender and date of birth of each minor or dependent child of the marriage :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

State with whom the children are living at present:

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State where the children are to live, furnish particulars of the accommodation, what other persons (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 other than yourself, state whether or not that person has agreed to this arrangement, state the relationship of such other person to the children.

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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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It is 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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Do any of the children experience learning problems? Are any of them in any respect physically or mentally disabled? If so, give full details and attached recent medical reports.

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State who is supporting the children at present, or contributing to their support, and to what extent:

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What arrangements have been made regarding rights of access of your husband / wife? State the details of any such arrangement:

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Set out any further details concerning your minor or dependent children which may be relevant to the custody of, access to any financial provision for such children, e.g. whether any such children have been convicted of any criminal offence or whether any such children have been subject to any order in terms of the child care act, 1983. (act no. 74 of 1983)

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State briefly the extent to which the above arrangements regarding your minor or dependent children are the result of mutual agreement with your husband / wife:

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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 :

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SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNED

# **OATH / AFFIRMATION**

I, \_\_\_\_\_ 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 objection 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 has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me, and the deponent's signature / thumb print / mark was placed thereon in my presence.

\_\_\_\_\_  
JUSTICE OF THE PEACE / COMMISSIONER OF OATHS

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
DESIGNATION (RANK) AND AREA FOR WHICH APPOINTED.

BUSINESS ADDRESS:

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

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

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