

**ANNEXURE A**

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

**IN THE REGIONAL COURT FOR THE REGIONAL DIVISION OF GAUTENG**

**HELD AT** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

IN THE MATTER BETWEEN:-

\_\_\_\_\_  
Identity Number: \_\_\_\_\_

**PLAINTIFF**

**AND**

\_\_\_\_\_  
Identity Number: \_\_\_\_\_

**DEFENDANT**

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**ARRANGEMENTS REGARDING DEPENDENT AND MINOR CHILDREN**

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**PARTICULARS OF PLAINTIFF/APPLICANT:**

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

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

EXTENT OF MONTHLY FINANCIAL COMMITMENTS:

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**PARTICULARS OF DEFENDANT/RESPONDENT:**

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

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

EXTENT OF MONTHLY FINANCIAL COMMITMENTS, IF KNOWN:

\_\_\_\_\_

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\_\_\_\_\_

**GENERAL INFORMATION**

STATE THE FULL NAME, GENDER AND DATE OF BIRTH OF EACH MINOR OR DEPENDANT CHILD OF THE MARRIAGE:

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STATE WITH WHOM THE CHILDREN ARE LIVING AT PRESENT:

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STATE WHERE THE CHILDREN ARE TO LIVE, FURNISH PARTICULARS OF THE ACCOMODATION, 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 ANOTHER PERSON OTHER THAN YOU, 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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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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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 ATTACH 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 DEPENDANT CHILDREN WHICH MAY BE RELEVANT TO THE CUSTODY OF, ACCESS TO AND FINANCIAL PROVISION FOR SUCH CHILDREN, E.G. WHETHER ANY SUCH CHILDREN HAVE BEEN CONVICTED OF ANY CRIMINAL OFFENCE WHETHER ANY SUCH CHILDREN HAVE BEEN SUBJECT TO ANY ORDER IN TERMS OF THE CHILD ACT, 1983 (ACT NO 74 OF 1983):

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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/SPOUSE?

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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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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.

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

\_\_\_\_\_  
SIGNED

I certify that, before administering the oath/affirmation\*, I asked the deponent the following questions and wrote 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:

SURNAME:

BUSINESS ADDRESS:

DATE: