In the Royal Court of Jersey

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|  | **Family Division** | **Form C4** |
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| --- | --- |
| Full names and dates of birth of children | Do the children live with you? |
| (1) |  |  | Yes | No |
| (2) |  |  | Yes | No |
| (3) |  |  | Yes | No |
| (4) |  |  | Yes | No |
| (5) |  |  | Yes | No |
| (6) |  |  | Yes | No |

1. **About you, please state**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title(Miss/Mr/Mrs) | Full name, address and email address | Telephone no | Date of birth (dd/mm/yy) | Are you married, single or cohabiting – specify which |
|  |  |  |  |  |
| Whether you are the applicant or respondent | Applicant / Respondent |

1. **Do you share accommodation with anyone else? If so, give their name and your relationship with them.**

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| --- | --- |
| Name and relationship |  |
| If you are in an intimate cohabiting relationship or marriage, what is your cohabitee’s/spouse’s income | £ |  |

1. **Does anyone else rely on you financially? If so, give their name and relationship.**

|  |  |
| --- | --- |
| Name and relationship |  |

1. **Do you work? If so, please give you employer’s name, telephone number and email address.**

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| --- | --- |
| Employer’s name |  |
| Employer’s telephone number |  |
| Employer’s email address |  |

1. **Do you work for yourself? If so, please give the name of the business, telephone number and email address.**

|  |  |
| --- | --- |
| Business name |  |
| Business telephone number |  |
| Business email address |  |

1. **Your bank accounts.**

|  |
| --- |
| List each bank, building society and post office account, stating for each |
| Name of the account | Account number | Account balance (£) |
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1. **Your other assets**

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| List other assets such as property, pensions, investments and personal belongings over £500 in value |
| Name / asset type | Current value (£) | Any other owner |
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1. **Liabilities**

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| Do you have any liabilities? If so, state name, current liability and any other information. |
| Name / liability type | Current liability (£) | Any other details |
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1. **Your monthly income**

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| --- | --- | --- |
| If employed, state your take home pay | £ |  |
| Do you receive a bonus or benefits in kind? |  |  |
| If self-employed, state |
|  | * Your drawings
 | £ |  |
| * Your gross turnover
 | £ |  |
| * Your profit after expenses
 | £ |  |
| * The date of the accounts showing the above
 |  |
| * Gross turnover after profit and expenses
 | Year ending 20 |  |
| £ |  |
| In all cases, state any of the following that you receive:- |
| Income support | £ |  |
| Child benefit | £ |  |
| Other state benefits (specify) |  | £ |  |
| Pension income |  | £ |  |
| Contributions from others in home | £ |  |
| Other income (specify amount of contributions) |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Total income | £ |  |

1. **Do you owe money under any existing court orders?**

|  |  |  |  |
| --- | --- | --- | --- |
| Court | Amount outstanding (£) | Amount of payment (£) | Weekly or monthly |
|  |  |  | Weekly | Monthly |
|  |  |  | Weekly | Monthly |

1. **Your outgoings**

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| --- | --- |
| **Household** | **Monthly Amount (£)** |
| Food |  |
| Mortgage |  |
| Rent |  |
| Service charge |  |
| Insurance |  |
| Parish rates |  |
| Mobile telephone |  |
| Landline / broadband |  |
| Credit cards / store cards (Total) |  |
| HP payments |  |
| TV licence |  |
| TV subscriptions (Sky etc.) |  |
| Electricity |  |
| Gas |  |
| Water |  |
| Oil |  |
| Other |  |
| Total household expenditure |  |

|  |  |
| --- | --- |
| **Personal Expenses** | **Monthly Amount (£)** |
| Shoes |  |
| Clothing |  |
| Car repayments |  |
| Car insurance |  |
| Fuel expenses |  |
| Car servicing |  |
| Parking |  |
| Child maintenance |  |
| Travel and holidays |  |
| Tobacco, cigarettes, vaping |  |
| Entertainment |  |
| Hairdressing |  |
| Beauticians etc. |  |
| Medical needs |  |
| Optician |  |
| Dentist |  |
| Pets |  |
| Other |  |
| Total personal expenditure |  |

|  |  |
| --- | --- |
| **Children’s Expenses** | **Monthly Amount (£)** |
| Shoes |  |
| Clothing |  |
| Nappy and baby-related costs |  |
| Childcare |  |
| After school clubs |  |
| Entertainment |  |
| Activities |  |
| School fees |  |
| School lunches |  |
| School trips /activities |  |
| Out of school activities (regular) |  |
| School equipment |  |
| Hairdressing |  |
| Medical needs |  |
| Travel and holidays |  |
| Optician |  |
| Dentist |  |
| Total expenditure for children |  |

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| --- | --- |
| **Total expenditure** |  |

1. **Any other relevant information**

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| --- | --- |
| **Signed** | **Date** (dd/mm/yyyy) |
| Applicant / Respondent (strike through as appropriate) |