

Form 3



OFFICE OF THE JUDICIARY
MAGISTRATES COURT

South Street Complex, New Providence, The Bahamas

DOMESTIC FORM

Name of Applicant/Plaintiff: _____

Date of Birth: _____ Street Address: _____

E-Mail : _____

Home Phone: _____ Work Phone: _____ Cell : _____

N.I.B #: _____ Passport #: _____ D/L#: _____

Other Form of Identification: _____

BANKING INFORMATION

Name of Bank: _____ Branch: _____ Account#: _____

Type of Account: _____

MARITAL STATUS

Single: _____ Separated: _____ Married: _____ Divorce: _____

If Separated please state whether it was ordered by a Court or not: _____

Date of Divorce or Separation: _____

Name of Respondent/Defendant: _____

Date of Birth: _____ Street Address: _____

Home Phone: _____ Work Phone: _____ Cell : _____

N.I.B #: _____ Passport #: _____ D/L#: _____

TYPE OF MATTER (Please Tick the Appropriate Box)

Child Support

Status of Applicant:

Adjudged punitive Father: YES NO

Mother of Child: YES NO

Other Relative: YES NO

Access

Status of Applicant:

Adjudged punitive Father: YES NO

Mother of Child: YES NO

Other Relative: YES NO

Custody of Child

Status of Applicant:

Adjudged punitive Father: YES NO

Mother of Child: YES NO

Other Relative: YES NO

Name of Child/Children: _____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Variation of Order Decrease Increase Extension

(Must have list of expenses in matters for Decrease or Increase of Order and proof of college enrolment record in matters for extensions at the date of hearing)

Legal Separation (Must have Marriage Certificate attached)

Order to Vacate the Matrimonial Home

Spousal Support

State Reason _____

Applicant's Signature

OFFICIAL USE ONLY

Case No. _____

Court No. _____ Court Date: _____

Date: _____

Signature:
