



FORM C7A

STATEMENT OF MEANS
Schedule 1 Children (Northern Ireland) Order 1995

Ref No.

FAMILY PROCEEDINGS COURT AT
of PETTY SESSIONS DISTRICT OF

Applicant

Respondent(s)
COUNTY COURT DIVISION OF

Warning

The court will require to see written evidence of unemployment or sickness; or wage or salary slips, bank statements, and other papers giving details of your means. This evidence should be attached to this form or brought with you when you attend the hearing.

1 About you

State

- *your title, full name, address, telephone number and date of birth*
- *whether you are married, in a civil partnership, single or other*
- *whether you are the applicant or the respondent.*

2 Your dependants

State for each dependant

- *the dependant's title, full name and age*
- *whether the dependant is a spouse, civil partner, partner, child or other*
- *whether the dependant is wholly or partially financially dependent on you*
- *whether the dependant lives with you.*

3 Your employment

State whether you are employed, self-employed or other.

If you are employed, state

- *your employment*
- *your employer's name, address and daytime telephone number.*

4 Your buildings and land

List all buildings and land you own, whether in your name alone or jointly, stating for each

- *the address*
- *the name(s) of the owner(s)*
- *the current value.*

5 Your financial assets

List each bank, building society and post office account, stating for each

- *the name and address where the account is held*
- *the account number*
- *the current balance*

List all investments and securities (for example, shares, insurance policies) stating for each one the name and quantity and current value.

List all pension schemes, stating for each one the scheme name and the company.

6 Other possessions of value

List all possessions of value (for example, jewellery, antiques, collectable items), stating for each:

- what they are
- the current value.

7 Your income

	State whether Weekly (W) or Monthly (M)
If employed, state your usual take home pay	£

If self-employed, state Your drawings Your gross turnover Your profit after expenses Whether you expect your turnover to increase, decrease or remain the same The date of the accounts showing the above gross turnover and profit after expenses	£ £ £ Year ending 20
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In all cases, state any of the following which you receive	
Income support	£
Child Benefits	£
Child Support Agency	£
Other state benefits (specify source)	£
Pension(s) (specify source)	£

Contributions from others in the home (total)	£
Other income (specify source and amount)	£
Total income:	£

8 Court Orders

Enclose a copy of any order

Court	Case Number	Amount outstanding (£)	Amount of payment (£)	Weekly (W) or Monthly (M)

9 Your expenses

	Amount of payments	Weekly (W) or Monthly (M)	Total debt	Amount of
Mortgage				
1st	£		£	£
2nd	£		£	£
Rent	£			£
Rates	£			£
Gas	£			£
Electricity	£			£
Telephone	£			£
Water charges	£			£
Credit Card	£		£	£
Loans	£		£	£
Storecards	£		£	
HP Payments	£		£	£
TV rental and licence	£			£

Mail Order	£		£	£
Food	£			
Clothing	£			
Public transport	£			
Car expenses	£			
School meals	£			
Child minding	£			
Maintenance	£			£
Child Support Agency	£			£
Other payments (give details)	£		£	£
Total Payments	£		£	£

Signed:
[Applicant][Respondent]

Date: