



REPUBLIC OF SOUTH AFRICA

**SUBSTITUTION OR DISCHARGE OF EXISTING MAINTENANCE ORDER
COMPLAINT IN TERMS OF SECTION 6(1)(b) OF THE MAINTENANCE ACT, 1998 (ACT No. 99 OF 1998)**

* Delete whichever is not applicable.

Reference No.

[This information should, as far as possible, be given in order to investigate the complaint. If space is insufficient information should be supplied on an attached annexure.]

I, (full name), (called "the deponent")

 born on

d	d	m	m	y	y
---	---	---	---	---	---

 age

 ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

living at working at

.....

.....

.....

.....

tel. no (.....) tel. no (.....)

nearest police station.....

hereby *declare under oath/truly affirm as follows:

 1.
 (Full name of person against whom maintenance order was made)

 born on

d	d	m	m	y	y
---	---	---	---	---	---

 age

 ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

living at working at

.....

.....

.....

.....

tel. no (.....) tel. no (.....)

nearest police station.....

was ordered by (Court) on the day of year

to pay – (a) on a *weekly/monthly basis with effect from towards the maintenance of

..... /the following child(ren) the sum of -

R..... in respect of the complainant, and / or

Amount		Name of Child	Born							
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y

All payments should have been made to
in favour of

and/or

other contributions [for example, medical and dental costs, school fees, fees to tertiary institutions, school wear, expenses for sport and/or cultural activities, birth expenses and maintenance for child(ren) from birth]
.....
.....
.....

A copy of the order is attached.

2. *Good cause/reason exists for the **substitution** of the said maintenance order as follows:

(a) A *weekly/monthly payment with effect from in the amount of –

R..... in respect of the complainant

Amount		Name of Child	Born							
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y
R	in respect of		d	d	m	m	y	y	y	y

The first payment must be made on..... and after that on or before the day of each succeeding *week/month. All payments must be made to..... in favour of

and/or

other contributions [for example, medical and dental costs, school fees, fees to tertiary institutions, school wear, expenses for sport and/or cultural activities, birth expenses and maintenance for child(ren) from birth]

.....

OR

*good cause/ reason exists for the **discharge** of the said maintenance order.

3. The cause/reason for the *substitution/discharge of the maintenance order is

4. Particulars of my assets and *monthly/weekly income and expenditures (supported by documentary proof, where possible) are as follows:

ASSETS			INCOME		
Fixed property		R	Gross salary		R
Investments		R	Minus: Deductions	Tax	R
				Medical Aid	R
Savings		R		Pension	R
				Other:	R
Shares		R			R
					R
Motor vehicles		R	Total nett salary		R
Other:		R	Other income (state source of income)		R
		R			R
		R			R
			Total income		R

Expenditure			Self	Child(ren)	Total
1	Lodging (bond repayment/levy /rent/ board)				
2	Groceries/food/personal care (including hair care/cosmetics etc.)				
3	Household expenditure	Water and electricity / gas / paraffin			
		Rates and taxes			
		Laundry/Dry-cleaning			
		Lunches			
		Telephone			
		Domestic worker			
		Garden services			
		Insurance (short term)			
4	Clothing	Clothes and shoes			
		School uniforms			
		Sports clothes			
5	Transport	Bus / taxi / lift club			
		Car	Installments & Insurance		
			Maintenance		
			Fuel		
			Licences		
			Parking		

Expenditure			Self	Child(ren)	Total
6	Educational expenditure	School fees			
		Crèche / day care / after school care			
		Insurance (study policy)			
		Books / Stationery			
		Outings / Extramural			
		Sports			
		Other school expenditure			
7	Medical expenditure	Doctor/dentist/etc.			
		Medication			
		Hospital			
		Other medical expenditure			
8	Insurance	Life			
		Annuity			
		House owners/House holders			
9	Pocket money/ Allowances				
10	Holidays, entertainment & recreation (incl M-Net)				
11	Maintenance, replacement and repairs of items	House			
		Household appliances			
		Kitchenware			
		Linen, towels, etc.			
		*Bicycles/bikes/scooters			
		Other items			
12	Personal loans				
13	Security alarm system				
14	Membership fees				
15	Religious contributions/ Charities				
16	Gifts				
17	TV licence				
18	Reading material	Books / Newspapers / Periodicals			
19	Lease / credit agreement payments	Furniture			
		Appliances			
		Other			
20	Pets	Food			
		Veterinary surgeon ("vet")			
		Licence			

Expenditure			Self	Child(ren)	Total
21	Other (not specified above)				
		Total expenditure			

Dated at this day of year

.....
Signature of Deponent

* Delete whichever is not applicable

FOR OFFICIAL USE ONLY

Oath/Affirmation

1. 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:

- (a) Do you know and understand the contents of the declaration? Answer
- (b) Do you have any objection to taking the prescribed oath? Answer
- (c) Do you consider the prescribed oath binding on your conscience? Answer

2. I certify that the deponent acknowledged that *he/she knows and understands the contents of this declaration. The deponent uttered the following words *"I swear that the contents of this declaration are true, so help me God"/"I truly affirm that the contents of the declaration are true". The *signature/mark of the deponent was affixed to the declaration in my presence.

.....
Justice of the Peace/Commissioner of Oaths

Full name and surname (block letters)

Designation (rank) Ex Officio Republic of South Africa

Business address (street address must be stated)

Dated at this day of year