**Family Foundation**

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| --- | --- |
| Your name |  |
| Your email address |  |
| Your phone number |  |
| Your children | **Names** | **Date of Birth** | **Gender** |
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| The person/s you need to reach agreement with  | **Name/s** | **Email address and phone number** |
|  |  |
|  |  |
|  |  |
| What is their relationship with the child/ren? |  |
| Will they agree to take part in the Foundation?  | Yes □ |
| No □ |
| Don’t know □ |

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| --- | --- | --- |
| Is this a dispute about money? | Yes □No □ | If yes, please answer the questions belowIf no, please complete Form C if you have an issue to resolve about your child/ren.  |
| Is the money for you? | Yes □No □ |  |
| Is the money required urgently? | Yes □No □ | If yes, why? |
| Are/were you married to or in a civil partnership with the person whom you think should be paying you? | Yes □No □ |  |
| Have divorce or dissolution proceedings been commenced? | Yes □No □ | If yes, please give the divorce or dissolution number  |
| Is the money needed for your child/ren? | Yes □No □ |  |

Please email this form once complete to familyfoundation@courts.je