

Form 2



OFFICE OF THE JUDICIARY
MAGISTRATES COURT
South Street Complex, New Providence, The Bahamas

ARREARS APPLICATION

NAME OF APPLICANT: _____
Last Name Middle Christian Name

ADDRESS OF APPLICANT: _____

Home Phone: _____ Work: _____ Mobile: _____

MARITAL STATUS (Tick Appropriate status)

Single Separated Married Divorced

I wish to utilize:
(please tick the appropriate box below)

Direct Bank Deposit Kanoo Pays I hereby grant all necessary authorizations to receive payments via Kanoo Pays in this regard.

***E-Mail:** _____
Please ensure that the email address provided is also to be used if the Kanoo Payment option is chosen

***Mandatory Field**

BANKING INFORMATION

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

Type of Account: _____
Name of account holder if not the Applicant: _____

Account holder must provide a consent form authorizing the use of their account.

NAME OF RESPONDENT: _____
Last Name Middle Christian Name

ADDRESS OF RESPONDENT: _____

Home Phone: _____ Work: _____ Mobile: _____

MARITAL STATUS (Tick Appropriate status)

Single Separated Married Divorced

Date Child Support Order Made: _____

Name of Magistrate and Court No.: _____

Date of Previous Variation Order (If Any): _____

I confirm that I have read this form and understand its contents.

Applicant's Signature

OFFICIAL USE ONLY

Case No.: _____

Court Date: _____

Pick Up Date: _____