

Form 3



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

**DOMESTIC APPLICATION FORM**  
**NEW APPLICANTS/RESPONDENTS ONLY**

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mm/dd/yyyy Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

N.I.B #: \_\_\_\_\_ Passport #: \_\_\_\_\_ D/L#: \_\_\_\_\_

Other Form of Identification: \_\_\_\_\_

Have an Attorney: YES  NO

**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.

**I am aware that there is a fee for using Kanoo Pays which is attached to this form.**

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

**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.*

**\* Mandatory Field**

**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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mm/dd/yyyy Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

N.I.B #: \_\_\_\_\_ Passport #: \_\_\_\_\_ D/L#: \_\_\_\_\_

Have an Attorney: YES  NO

**TYPE OF MATTER** (Please Tick the Appropriate Box)

**Child Support**          *Status of Applicant:*

Adjudged Punitive Father:  
Mother of Child:  
Other Relative:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Access**          *Status of Applicant:*

Adjudged Punitive Father:  
Mother of Child:  
Other Relative:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Documents Required:**

**Certified copy of birth certificate, and an**

**Two Government issued Identification (one must be a NIB card)**

**Affidavit of Means**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Applicant's/Respondent's Signature

**OFFICIAL USE ONLY**

Case No. \_\_\_\_\_ Court No. \_\_\_\_\_ Court Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_