**Divorce Maintenance Claim – Living Expenses**

**Instructions**

* Please complete the relevant cost and frequency for the applicable living expenses in the table below.
* Frequency – please indicate monthly expenses and only fill in “frequency” when it is other than monthly (e.g., “weekly” or “every 3-years”).
* Amount – please use the amount needed for the item in question at the current Rand cost.
* Please pay attention to the specific instructions for each category, as listed in the table.
* If you incur expenses not shown on the list, please add them at the bottom and clearly identify them, as well as the frequency and amount.
* Please note that we cannot determine the claim amount for an item if we are not provided with the Rand cost and frequency.
* Please do not use excessive claim amounts or claim for costs which are not being incurred. Inflated claims are more easily disputed and once it is shown that a claim is dishonest it becomes difficult to claim for the right amount.
* If you are concerned that expenses may arise in future which are not being incurred now, please notify your attorney / the actuary and we can investigate appropriate measures to make provision for those expenses.

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| --- | --- | --- | --- |
| **Category** | **Item** | **Frequency** | **Amount** |
|  |  |  |  |
| **Home/accommodation** | Rent/bond repayment |  |  |
| 1. If a bond is being repaid show outstanding bond balance (preferred) or monthly instalment + remaining term of bond. 2. For appliances show current replacement cost for all appliances. | Municipal accounts |  |  |
| Household maintenance |  |  |
| Domestic worker |  |  |
| Garden worker/services |  |  |
| Household appliances | N/A |  |
| Security |  |  |
|  |  |  |  |
| **Food & personal care** | Groceries |  |  |
| 1. Do not include medicine in pharmacy; show below in "medical" | Clothing |  |  |
| Hairdresser |  |  |
| Pharmacy & supplements |  |  |
|  |  |  |  |
| **Medical** | Medical aid |  |  |
|  | Direct GP / Dentist / Other |  |  |
| Other medicine and healthcare |  |  |
|  |  |  |  |
| **Vehicle** | Vehicle make, model and year |  | |
| 1. Indicate make, model and year of last car driven during marriage  2. For vehicle, please show the purchase price of a new one | Vehicle (new cost) | N/A |  |
| Fuel |  |  |
| Vehicle (& household) insurance |  |  |
|  |  |  |
|  |  |  |  |
| **Communication & entertainment** | Telephone (landline) |  |  |
|  | Cellular contract/pay-as-you-go |  |  |
| ADSL / Fibre (data) |  |  |
| TV License |  |  |
| DSTV / other (e.g., Netflix) |  |  |
|  |  |  |  |
| **Lifestyle & sport** | Holidays & travel |  |  |
|  | Club membership fees |  |  |
| Exercise and sport |  |  |
| Pet food & care |  |  |
|  |  |  |  |
| **Other** | Bank fees |  |  |
| Please specify other items in the blank rows provided. | Frail care/assistance (if applicable) |  |  |
| Miscellaneous |  |  |
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