



REPUBLIC OF SOUTH AFRICA

FORM 2

[Regulation 4]

APPLICATION FOR PROTECTION ORDER

SECTION 4(1) OF THE DOMESTIC VIOLENCE ACT, 1998 (ACT NO. 116 OF 1998)

PART A : APPLICATION

(To be completed by applicant)

1. PARTICULARS OF COMPLAINANT (Victim of domestic violence)

| | |
|--|--|
| Surname : | |
| Full names : | |
| Id.No / Date of birth | |
| Home or temporary address : | |
| Home/contact telephone number : | |
| Work address : | |
| Work telephone number : | |
| Nature of domestic relationship with person who committed the act of domestic violence (Respondent): | |
| Occupation : | |

2. PARTICULARS OF PERSON MAKING THE APPLICATION ON BEHALF OF THE COMPLAINANT (if applicable)

| | |
|---------------------------------|--|
| Surname : | |
| Full names : | |
| Id.No / Date of birth | |
| Home address : | |
| Home/contact telephone number : | |

| | |
|---|---|
| Work address : | |
| Work telephone number : | |
| Occupation : | |
| Capacity in which application is made : | |
| Nature of relationship with the complainant : | |
| State reason(s) why application is made on behalf of the complainant: | |
| Indicate whether written consent of complainant has been obtained : (Delete whichever is not applicable) | <p>Written consent *has been obtained and is attached/is not necessary since the complainant is-</p> <ul style="list-style-type: none"> a minor (under the age of 21 years); mentally retarded; unconscious; unable to provide consent because <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |

3. PARTICULARS OF PERSON WHO COMMITTED ACT OF DOMESTIC VIOLENCE (hereafter called the Respondent) - in so far as such particulars are available

| | |
|-----------------------|--|
| Surname : | |
| Full names : | |
| Id.No / Date of birth | |
| Home address : | |

| | |
|---------------------------------|--|
| Home/contact telephone number : | |
| Work address : | |
| Work telephone number : | |
| Occupation : | |

4.PERSONS AFFECTED BY DOMESTIC VIOLENCE

4.1 Particulars of children and adults sharing the residence :

| Name : | Age : | Relationship to complainant |
|---------------|--------------|------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

4.2 How are these persons affected ?

| |
|--|
| |
|--|

4.3 Do any of these persons suffer disabilities? If so give details :

| |
|--|
| |
|--|

5. INFORMATION REGARDING ACTS OF DOMESTIC VIOLENCE

Give full details regarding all incidents of domestic violence and also indicate whether firearms or other dangerous weapons were used, what injuries have been sustained and whether medical treatment was obtained :

6. INFORMATION REGARDING URGENCY OF APPLICATION

Submit the reasons why the Court has to consider the application as a matter of urgency and why undue hardship may be suffered if the application is not dealt with immediately

7. TERMS OF PROTECTION ORDER

It is requested that the Respondent must be ordered (Mark appropriate box and

complete where necessary) :

| | | |
|-----|--|--|
| (a) | Not to commit any act of domestic violence | |
| (b) | Not to get the help of another person to commit any act of domestic violence | |
| (c) | Not to enter the shared residence, situated at | |
| (d) | Not to enter a specified part of the shared residence, namely | |
| (e) | Not to enter the Complainant's residence, situated at | |
| (f) | Not to enter the Complainant's place of employment, namely | |
| (g) | Not to prevent the Complainant or any child who ordinarily live(s) or lived in the shared residence from entering or remaining in the shared residence or any part thereof, to wit | |
| (h) | Not to commit any other act, namely | |

8.ADDITIONAL CONDITIONS

It is also requested that the Court must order that (mark appropriate box and complete where necessary) :

| | | |
|-----|---|--|
| (a) | A peace officer, namely, is to accompany the Complainant to assist with arrangements regarding the collection of the Complainant's personal property set out in paragraph 9, below. | |
| (b) | A member of the South African Police Service is to seize the following arm(s) or dangerous weapon(s) in the possession of the Respondent: | |
| (c) | The Respondent is to pay the following rent or mortgage payments: | |

| | | |
|-----|---|--|
| (d) | The Respondent is to pay the following emergency monetary relief: | |
| (e) | The Respondent is refused any contact with the following child or children: | |
| (f) | The Respondent is granted the following contact with the above-mentioned child or children: | |
| (g) | The physical address of the Complainant's residence not be disclosed to the Respondent | |
| (i) | Other conditions requested : | |

9.PERSONAL PROPERTY

| <i>Property description:</i> | <i>Grounds on which property is considered to be personal property :</i> | <i>Address where property is kept:</i> |
|-------------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

10. I am likely to report a breach of the Protection Order at the _____ Police Station.

DEPONENT
(Person who applies for order)

DATE

PART B : CERTIFICATION (for official use)

11. I hereby certify that before administering the *oath / taking the affirmation I asked the Deponent the following questions and noted *her/his answers in *her/his presence as indicated below:-
- (a) Do you know and understand the contents of the above declaration?
Answer _____.
 - (b) Do you have any objection to taking the prescribed oath?
Answer _____.
 - (c) Do you consider the prescribed oath to be binding on your conscience?
Answer _____.

I hereby certify that the Deponent has acknowledged that *she/he knows and understands the contents of this declaration which was *sworn to / affirmed before me, and the Deponent's *signature / thumb print / mark was placed thereon in my presence.

Dated at _____ this ____ day of _____ year ____.

Justice of the Peace / Commissioner of Oaths
Full Names _____
Designation _____
Area for which appointed _____
Business Address _____

