

Affidavit for purposes of further warrant of arrest

Form 9

AFFIDAVIT FOR PURPOSES OF FURTHER WARRANT OF ARREST

[Regulation 10]

SECTION 8 (3) OF THE DOMESTIC VIOLENCE ACT, 1998
(ACT NO. 116 OF 1998)

IN THE MAGISTRATE'S COURT FOR THE DISTRICT OF		
HELD AT	APPLICATION NO.	/
In the matter between:		
APPLICANT:		
	(*Id. No./Date of Birth:)
AND		
RESPONDENT:		
	(*Id. No./Date of Birth:)

PART A: AFFIDAVIT	(To be completed by complainant)
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1. PARTICULARS OF COMPLAINANT

Surname:	
Full names:	
Id. No/Date of birth:	
Home or temporary address:	
Home/contact telephone number:	
Work address:	
Work telephone number:	
Occupation:	

2. PARTICULARS OF PROTECTION ORDER

A protection order was granted and a warrant of arrest authorised on:	(Date)
In the Magistrate's Court at:	
Against:	(Name of Respondent)

3. PARTICULARS OF RESPONDENT

Surname:	
Full names:	
Id. No/Date of birth:	
Home address:	
Home telephone number:	
Work address:	
Work telephone number:	

4. PARTICULARS OF APPLICATION

4.1 I require a *second/further warrant of arrest for my protection.

4.2. The existing warrant of arrest has been-

(a) *executed and cancelled; or

(b) *lost/destroyed, under the following circumstances:

Signature of Deponent

Date

* Delete whichever is not applicable

PART B: CERTIFICATION (for official use)

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 _____ 20____

Justice of the Peace/
Commissioner of Oaths

Full names

Designation

Area for which appointed

Work address

* Delete whichever is not applicable