

[Regulation 11]

SECTION 8 (4) OF THE DOMESTIC VIOLENCE ACT, 1998
(ACT NO. 116 OF 1998)

APPLICANT: AND RESPONDENT:	(*Id. No./Date of Birth: _____) (*Id. No./Date of Birth: _____)
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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)
A copy of the Protection Order (Indicating what orders were made), and the original warrant of arrest are attached.	
A certified copy of the Protection Order and warrant of arrest where forwarded to the following Police Station:	

3. PARTICULARS OF RESPONDENT

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

4. INFORMATION REGARDING BREACH OF PROTECTION ORDER

Date(s) of breach of	
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protection order:	
Place(s) where breach of protection order took place:	
Full details on how the conditions of the protection order were breached:	
Reasons, if any, for believing that imminent harm may be suffered as a result of the breach of the protection order by the Respondent:	

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

