

**Form 3**

**Affidavit by adult to report knowledge, belief or suspicion of acts of domestic violence**

[Regulation 5(1)]  
SECTION 2B(2)(a) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

(\*Delete whichever is not applicable. \*\*Optional/if known)  
To: \*The Social Worker/SAPS  
.....  
.....  
.....  
.....

**REPORT BY ADULT OF KNOWLEDGE, BELIEF OR SUSPICION OF ACT OF DOMESTIC VIOLENCE**

**1.** I, ..... (name and surname) \*\*ID No/Passport No. .... do hereby declare that:

(a) I can be contacted at ..... (address) and/or ..... (contact no.).

(b) I \*know, believe or suspect that ..... (name and surname of victim) who is residing/working at ..... (address) and/or can be \*\*contacted at .....(contact no) is being subjected to acts of domestic violence by ..... (name and surname of perpetrator) who is \*\*resides/works at ..... (address) and/or can be \*\*contacted at .....(contact no.)

**2.** I \*know, believe or suspect that the person is a victim of domestic violence because:  
.....  
.....  
.....

**3.** The victim is a \*child, a person with a disability or an older person.  
\*If the victim is a person with a disability, please indicate the type of disability (if known)  
.....  
.....

**4.** I know the victim for the following reason(s):  
(i) .....;  
(ii) .....;  
(iii) .....;  
(iv) .....;  
(v) .....

**5.** I know that making a false statement is a crime and I may be criminally charged and if found guilty I may be fined or sent to prison or both.

SIGNED AT ..... THIS ..... DAY OF ..... 20.....

  <hr/>	
---------------	--

**DEPONENT**

**NB!**  
**(1) In terms of section 2B(3) of the Act, a person who makes the report, referred to in section 2B(1)(a), in good faith is not liable to civil, criminal or disciplinary action on the basis of the report, despite any law, policy or code of conduct prohibiting the disclosure of personal information; and is entitled to have their identity kept confidential, unless the interests of justice require otherwise.**  
**(2) A person who fails to report the knowledge, belief or suspicion that a child, a person with a disability or an older person is a victim of domestic violence, is guilty of an offence.**

**PART B: CERTIFICATE**

I certify that before administering the \*oath/\* taking the affirmation I asked the Deponent the following questions and noted the Deponent's answers in the Deponent's 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 certify that the Deponent has acknowledged that the Deponent 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.

Sworn to/affirmed 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)**