## Form 6 **Application for protection order**

Part 1
[Regulation 7(1)]
SECTION 4(1) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

P	PART A: APPLICATION (To be completed by complainant / applicant)			
1.	1. PARTICULARS OF COMPLAINANT (Victim of domestic violence)			
Sı	urname :			
Fu	ıll names :			
	PARTICULARS OF PERSON MAKING THE APPLICATION ON BEHALF OF THE COMPLAINANT (in oplicable)	F		
Su	ırname :			
Fu	II names :			
	apacity in which application is made (state type of functionary or organisation)			
OF				
	ature of relationship with the complainant:			
	counsellor			
	educator			
	family member			
	health care personnel			
	medical practitioner			
	official in public health establishment			
	related person (having a close relationship with complainant)			
	South African Police Service member			
	other (specify)			
	PARTICULARS OF PERSON WHO COMMITTED ACT OF DOMESTIC VIOLENCE (hereafter called	the		
	espondent), in so far as such particulars are available			
	re relationship of Respondent to the complainant:			
	•			
	Brother Current co-resident			
	Daughter Ex-boyfriend			
	Ex-girlfriend			
	Ex-husband			
	Ex-in-law			
٢	e.g. $\square$ ex mother-in-law, $\square$ ex father-in-law, $\square$ ex sister-in-law, $\square$ (other) exi	n-law		
	Ex-partner			
	Ex-wife			
	Father			
	Girlfriend			
	In-law			
	e.g. □ mother-in-law. □ father-in-law. □ sister-in-law. □ (other)in-law			

	Intimate/sexual partner of any duration	
	Mother	
	Parent of child/children	
	Partner	
	Partner in perceived relationship	
	Partner in alleged marriage	
	Sister	
	Son	
	Related by adoption	
	Related by affinity (stepfamily member such as stepmother, stepfather, stepsister or stepbrother)	
	e.g. □ stepmother, □ stepfather, □ stepsister □ stepbrother, □ (other) step	
	Related by blood (family member such as cousin, uncle, aunt, nephew or niece)	
	e.g. $\square$ stepmother, $\square$ aunt, $\square$ uncle, $\square$ cousin, $\square$ nephew, $\square$ niece, $\square$ (other)	
	Wife	
	other (specify:)	
	name (if known):	
<u>_</u>		
Ful	I names or name known to you by:	
ID	No/Date of birth if known or estimated age:	
	no, 2 aco or 5 mar in morni or commuted ago.	
Hoi	me address (if known):	
Ho	me/work/ other contact telephone number (if known):	
1101	me, work, other contact telephone number (ii known).	
Cel	I phone number (if known):	
Em	nail address (if known):	
So	cial media platform/s on which the respondent has account/s (if known):	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Th	e respondent's name, handle or number on each social media account (if known):	
	e respondentes name, name en name en each social media decedire (il known)	
W <sub>0</sub>	rk/school/study address (if known):	
WO	TK/SCHOOI/Study address (II KHOWII).	
Oco	cupation (incl. learner/student) (if known):	
A 10.1	, other information regarding the Despendent that may be relevant/assist in identifying or tracing the	
	y other information regarding the Respondent that may be relevant/assist in identifying or tracing the spondent:	
I C	spondent.	
Щ		
	INFORMATION RECARRING ACTS OF ROMESTIC VIOLENCE	
4	INFORMATION REGARDING ACTS OF DOMESTIC VIOLENCE	
His	tory of abuse e.g. dates, times/period, place/s, type/s of abusive behavior, instruments/weapons	used,
inju	ries, medical treatment etc (attach any documents/photos/witness statements/medical records etc):	
		<b>.</b>
		<b>.</b>

Give full details regarding th	he most recent incident/s of domestic violence and also indicate whether any we	apon
was used, what injuries hav	ve been sustained and whether medical treatment was obtained	-
Date		
Place where it happened		
(If on social media,		
provide social media		
account details where it		
took place)		
State details of what		
happened:		
паррепец.		
Any injuries? If yes		
Any injuries? If yes,		
provide details, including		
what was used to cause		
such injuries		
Any medical or		
psychological or other		
treatment received		
Harm or damages caused		
– give details		
Date		
Place where it happened		
(If on social media,		
provide social media		
account details where it		
took place)		
State details of what		
happened		
Any injuries? If yes,		
provide details, including		
what was used to cause		
such injuries		
Any medical or		
psychological or other		
treatment received		
Harm or damages caused		
- give details		
give details		
Any other information reg	arding the acts of domestic violence that you think the court should know	v of:

5. INFORMATION REGARD	ING URGENCY OF APPLICATION
<b>Submit the reasons why the harm may be suffered if th</b> Why is the application urgent <sup>2</sup>	ne Court has to consider the application as a matter of urgency and why e application is not dealt with immediately:
What do you fear will happen	if you do not get the protection order immediately?
Do you feel safe to go home t	oday? If not, please explain why not?
l you reer sale to go nome t	oddy: 11 Hot, please explain why hot:
Any other reasons why you ne	eed to get a protection order today?
Are you still staying in the	
Are you still staying in the	
same place as the	
respondent?	
Are there firearms or other	
weapons in the house? Give	
details:	
Does the respondent carry /	
have access to a firearm for	
work purposes / activities?	
Give details:	
Do you fear for your life or	
safety or the safety of your	
children or other relatives	
or people you know?	
Give details:	
Does the respondent make	
use of drugs, necessitating	
the need for referral to	
treatment centre for	
substance abuse?	
Give details:	

	s requested that the respondent must be ordered (Mark appropriate box and complete where essary):		
	Not to commit or attempt to commit any of the following acts of domestic violence to the complainant:    physical abuse;   sexual abuse;   emotional, verbal or psychological abuse;   economic abuse;   intimidation;   harassment;   sexual harassment;   related person abuse;   spiritual abuse   damage to property;   elder abuse;   coercive behaviour;   controlling behaviour;   exposure of a child to domestic violence;   intimidating behaviour;   threatening behaviour;   degrading behaviour;   degrading behaviour;   offensive behaviour; or   humiliating behaviour.		
(c)	<ul> <li>□ Not to get the help of another person to commit any act of domestic violence stated in paragraph (a) above.</li> <li>□ Not to enter the shared residence, situated at</li> </ul>		
(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 workplace or place of studies, 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 disclose or make available any electronic communication, especially the following:		
(i)	Not to commit any other act, namely:		
	DDITIONAL CONDITIONS  also requested that the Court must order that (complete where necessary):		

(a)	A peace officer, namely is to accompany the complainant to assi with arrangements regarding the collection of the complainant's personal property set out in paragraph below.
(b)	A member of the South African Police Service is to seize the following weapon(s) in the possession of the respondent:
(c)	The respondent is to pay the following rent or mortgage payments:
٠,	
(d)	The respondent is to pay the following maintenance:
(e)	The respondent is to pay the following other emergency monetary relief:  (For example: Funds for - food, necessities, transport, medical, dental, medication, counselling school fees, relocation costs, household bills etc.)
(f)	The respondent is refused any contact with the following child or children:
(f)	The respondent is relased any contact with the following child of children.
(g)	The respondent is granted the following contact with the above-mentioned child or children:
(h)	The complainant's home, study or work details not to be disclosed to the respondent:
(i)	Other conditions requested:

Property description:	Grounds on which property is conside property:	h property is considered to be personal		
10. The court I	o report a breach of the Protection Order a will be able to attend is			Police Station.
Mark each Ann	exure alphabetically, starting with and attach it to this form.		description of Anne of witness X', 'CD'	
A - Personal on the respon	information which may not be served adent			
В				
С				
D				
Е				
Signature of o	complainant/person on behalf of comp	lainant		
PART B: CERT	TFICATE			
and noted the (a) Do you k	fore administering the *oath/*taking the af Deponent's answers in the Deponent's pres now and understand the contents of the ab	sence as incorrections	dicated below: ation?	t the following questions
(b) Do you h	Answer:			
(c) Do you consider the prescribed oath to be binding on your conscience?				
Answer:				
Sworn to/affirn	Sworn to/affirmed at this day of20			
Justice of the Peace/Commissioner of Oaths Full names:				

Designation:		
Area for which appointed:		
Work address:		
(*Delete whichever is not applicable)		

## FORM 6 PART 2 PERSONAL INFORMATION WHICH MAY NOT BE SERVED ON THE RESPONDENT

1. PARTICULARS OF COMPLAINANT (Victim of domestic violence)		
Surname:		
Full names:		
ID. No/Date of birth (Note: if complainant is under the age of 18, he/she does NOT need the consent of a parent or guardian to make the application and does not need any other person to make the application on his/her behalf)		
Gender:		
Race:		
Type of disability (if any):		
Marital status:		
Home or temporary address:		
Home/contact telephone number:		
Cell phone number to which messages can be sent to keep you up to date with the progress of your application:		
Email address:		
Would you prefer to have the matter heard through audio-visual link (if available):		
Email address/contact number where a link can be sent for audio-visual hearing:		
Any other social media account address where the court can contact you:		
Work address:		
Work telephone number:		
Nature of domestic relationship with person who committed the act of domestic violence (Respondent):		
Occupation (incl. learner/student):		
2. PARTICULARS OF PERSON MAKING THE AF	PPLICATION ON BEHALF OF THE VICTIM (if applicable)	
Surname:		
Full names:		
ID. No/Date of birth:		

Gender:		
Race:		
Type of disability (if any):		
Marital status: Email address:		
Work address:		
Work telephone number:		
Occupation (incl. learner/stu	ıdent):	
State reason(s) why applica behalf of the victim:		
Indicate whether written cor	nsent of victim ha	s been obtained:
Written consent has been obtained and is attached:		Written consent is not necessary since the victim is-  □ a child who cannot bring the application him/herself;  □ a person with a mental disability;  □ unconscious;  □ unable to provide consent because
3. PERSONS AFFECTED BY	OMESTIC VIC	DLENCE
3.1 Particulars of children	and adults sha	ring the residence:
Name:	Age:	Relationship to complainant:
3.2 How are these person	s affected?	
3.3 Do any of these perso	ns suffer disabi	lities? If so, give details:
Name and contact details of any person who witnessed the incident:		
Name and contact details of any person who witnessed the incident:		