

Form 9

Application for domestic violence safety monitoring notice

[Regulation 10(1)]

SECTION 4A(1) 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:	
..... (Complainant)	
AND	
..... (Respondent)	

PART A : APPLICATION (To be completed by complainant/person on behalf of complainant)	
1 PARTICULARS OF COMPLAINANT/PERSON ACTING ON BEHALF OF COMPLAINANT	
Surname:	
Full names:	
2 PARTICULARS OF RESPONDENT	
Surname:	
Full names or name known to you by:	
Identity number/Date of birth:	
Cell phone number:	
Email address:	
Social media platform/s on which the respondent has account/s (if known)	
The respondent's name, handle or number on each social media account	
Residential/work address (including school or place of study)	
Work telephone number:	
Occupation (including learner/student):	

3 PARTICULARS OF PROTECTION ORDER	
A protection order-	
* <input type="checkbox"/> was granted on(date);	
or	
<input type="checkbox"/> is being applied for together with this application:	
(*Tick whichever is applicable)	

4 APPLICATION REGARDING SAFETY MONITORING NOTICE

I wish to apply for the Safety Monitoring Notice as I share the above-mentioned residence with the respondent.

The reasons for application:	<p>(*Tick whichever is applicable)</p> <p>(a) Same reasons as in the application for protection order: yes <input type="checkbox"/> no: <input type="checkbox"/></p> <p>(b) I fear the respondent may hurt *me/the complainant in that:</p> <p>(i) the respondent has been in breach of a protection order: yes <input type="checkbox"/> no: <input type="checkbox"/></p> <p>(ii) the respondent has been arrested: yes <input type="checkbox"/> no: <input type="checkbox"/></p> <p>(iii) the respondent has been released on bail: yes <input type="checkbox"/> no: <input type="checkbox"/></p> <p>(iv) the respondent made threats to me / a related person / household pet / animal / property: yes <input type="checkbox"/> no: <input type="checkbox"/></p> <p>(c) If the answer is yes in any of the questions in (b) above, please give details:</p> <p>(i).....</p> <p>(ii).....</p> <p>(iii).....</p> <p>(d) Any other or further reasons for applying for safety monitoring notice:</p> <p>(i).....</p> <p>(ii).....</p> <p>(iii).....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Supporting Affidavit	<p>The supporting affidavit of a person who has knowledge of my situation is *attached/not attached:</p> <p>(*Delete whichever is not applicable)</p>
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Index of supporting evidence/document

Mark each Annexure alphabetically, starting with 'Annexure B', and attach it to this form.	Give short description of Annexure, for example 'statement of witness X', 'CD with photographs'.
A - The supporting affidavit of a person who has knowledge of my situation (if applicable)	
B	
C	
D	
E	

<p>_____ Signature of complainant/person on behalf of complainant</p>	
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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 of20

.....
Justice of the Peace/Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Work address:

.....

.....

(*Delete whichever is not applicable)