

Form 34**Affidavit for purposes of second or further warrant of arrest**

[Regulation 26]

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:)
* Delete whichever is not applicable.	
PART A: AFFIDAVIT (To be completed by complainant)	
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	
<p>4.1 I require a *second/further warrant of arrest for my protection.</p> <p>4.2 The existing warrant of arrest has been—</p> <p style="margin-left: 20px;">(a) *executed and cancelled; or</p> <p style="margin-left: 20px;">(b) *lost/destroyed, under the following circumstances:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
Signature of Deponent	Date
PART B : CERTIFICATION	
<p>I hereby 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:</p> <p>(a) Do you know and understand the contents of the above declaration? Answer</p> <p>(b) Do you have any objection to taking the prescribed oath? Answer</p> <p>(c) Do you consider the prescribed oath to be binding on your conscience? Answer</p> <p>I hereby 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.</p>	

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)