Form 38

Application for variation or setting aside of Protection Order

[Regulation 30] SECTION 10(1) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

(A copy of this Form must be fo	rwarded to the other party)	
IN THE MAGISTRATE'S COUR	RT 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 ap	pplicable.	
PART A: AFFIDAVIT (To b	pe completed by applicant)	
1. PARTICULARS OF APP	LICANT	
Surname:		
Full names:		
ID No./Date of birth:		
Home or temporary address:		
Home/contact telephone number:		
Work address:		
Work telephone number:		
2. PARTICULARS OF RES	PONDENT	
Surname:		

Full names:	
Id. No/Date of birth:	
Home address:	
Home/contact telephone	
number:	
Work address:	
Work address.	
Work telephone number:	
3. PARTICULARS OF PROT	I FCTION ORDER
J. PARTICOLARO OF TROT	2012W GKB2K
A protection order was granted	
on	(Date)
In the Magistrate's Court at	
Against:	
	(Name of Respondent in the protection order)
4. APPLICATION REGARD	ING PROTECTION ORDER
I wish to apply for:	*(a) The setting aside of the above-mentioned Protection Order
,	
	*(b) The variation of the Protection Order as follows:
	(b) The variation of the Protection of del as follows.
The reasons for my request are	
as follows:	
Signature of Deponent	Date
	<u></u>

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 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	ng
(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 the Deponent knows and understands the contents 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	
Justice of the Peace/Commissioner of Oaths Full names:	
Designation:	
Area for which appointed:	
Work address:	
(*Delete whichever is not applicable)	