REPUBLIC OF SOUTH AFRICA

FORM 12

[Regulation 13]

APPLICATION FOR VARIATION OR SETTING ASIDE OF PROTECTION ORDER

SECTION 10(1) OF THE DOMESTIC VIOLENCE ACT, 1998 (ACT NO. 116 OF 1998)

(A copy of this Form must be forwarded to the other party)

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:_____)

PART A : AFFIDAVIT (To be completed by applicant)

1. PARTICULARS OF APPLICANT

Surname :	
Full names :	
Id.No / Date of birth :	
Home or temporary address :	
Home/contact telephone number :	
Work address :	
Work telephone number :	

***Delete whichever is not applicable**

2. PARTICULARS OF RESPONDENT

Surname :	
Full names :	
Id.No / Date of birth	
Home address :	
Home/contact telephone number :	
Work address :	
Work telephone number :	

3. PARTICULARS OF PROTECTION ORDER

A protection order was granted on :	(Date)
In the Magistrate`s Court at :	
Against :	(Name of Respondent)

4. APPLICATION REGARDING 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 : ....

***Delete whichever is not applicable**

The reasons for my request are as follows :	....

_____ _____

Signature of Deponent **Date**

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 *her/his answers in *her/his 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 hereby certify that the Deponent has acknowledged that *she/he 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.

Dated at _____ this ____ day of _____ year_____.

_____

Justice of the Peace / Commissioner of Oaths

Full Names_____

Designation_____

Area for which appointed_____

Work Address _____

_____

_____

***Delete whichever is not applicable**