



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:	
<b>APPLICANT:</b> _____ (*Id.No./Date of Birth: _____)	
<b>AND</b>	
<b>RESPONDENT:</b> _____ (*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 :	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....
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\_\_\_\_\_  
**Signature of Deponent**

\_\_\_\_\_  
**Date**

<b>PART B : CERTIFICATION</b> (for official use)
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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