

Form 6
Application for protection order

Part 1

[Regulation 7(1)]

SECTION 4(1) OF THE DOMESTIC VIOLENCE ACT, 1998 (Act No. 116 of 1998)

PART A: APPLICATION (To be completed by complainant / applicant)	
1. PARTICULARS OF COMPLAINANT (Victim of domestic violence)	
Surname :	
Full names :	
2. PARTICULARS OF PERSON MAKING THE APPLICATION ON BEHALF OF THE COMPLAINANT (if applicable)	
Surname :	
Full names :	
Capacity in which application is made (state type of functionary or organisation) OR Nature of relationship with the complainant: <input type="checkbox"/> care giver <input type="checkbox"/> counsellor <input type="checkbox"/> educator <input type="checkbox"/> family member <input type="checkbox"/> health care personnel <input type="checkbox"/> medical practitioner <input type="checkbox"/> official in public health establishment <input type="checkbox"/> related person (having a close relationship with complainant) <input type="checkbox"/> social worker <input type="checkbox"/> South African Police Service member <input type="checkbox"/> other (specify)	
3. PARTICULARS OF PERSON WHO COMMITTED ACT OF DOMESTIC VIOLENCE (hereafter called the Respondent), in so far as such particulars are available	
The relationship of Respondent to the complainant: <input type="checkbox"/> Boyfriend <input type="checkbox"/> Brother <input type="checkbox"/> Current co-resident <input type="checkbox"/> Daughter <input type="checkbox"/> Ex-boyfriend <input type="checkbox"/> Ex-co-resident in the past year <input type="checkbox"/> Ex-girlfriend <input type="checkbox"/> Ex-husband <input type="checkbox"/> Ex-in-law e.g. <input type="checkbox"/> ex mother-in-law, <input type="checkbox"/> ex father-in-law, <input type="checkbox"/> ex sister-in-law, <input type="checkbox"/> (other) ex-in-law <input type="checkbox"/> Ex-partner <input type="checkbox"/> Ex-wife <input type="checkbox"/> Father <input type="checkbox"/> Girlfriend <input type="checkbox"/> Husband <input type="checkbox"/> In-law e.g. <input type="checkbox"/> mother-in-law, <input type="checkbox"/> father-in-law, <input type="checkbox"/> sister-in-law, <input type="checkbox"/> (other)-in-law	

.....

.....

.....

.....

.....

.....

.....

.....

Give full details regarding the most recent incident/s of domestic violence and also indicate whether any weapon was used, what injuries have been sustained and whether medical treatment was obtained

Date	
Place where it happened (If on social media, provide social media account details where it took place)	
State details of what happened:	
Any injuries? If yes, provide details, including what was used to cause such injuries	
Any medical or psychological or other treatment received	
Harm or damages caused – give details	
Date	
Place where it happened (If on social media, provide social media account details where it took place)	
State details of what happened	
Any injuries? If yes, provide details, including what was used to cause such injuries	
Any medical or psychological or other treatment received	
Harm or damages caused – give details	

Any other information regarding the acts of domestic violence that you think the court should know of:

.....

.....

.....

.....

.....

.....

.....

.....

It is requested that the respondent must be ordered (Mark appropriate box and complete where necessary):

<p>(a)</p>	<p>Not to commit or attempt to commit any of the following acts of domestic violence to the complainant:</p> <ul style="list-style-type: none"><input type="checkbox"/> physical abuse;<input type="checkbox"/> sexual abuse;<input type="checkbox"/> emotional, verbal or psychological abuse;<input type="checkbox"/> economic abuse;<input type="checkbox"/> intimidation;<input type="checkbox"/> harassment;<input type="checkbox"/> sexual harassment;<input type="checkbox"/> related person abuse;<input type="checkbox"/> spiritual abuse<input type="checkbox"/> damage to property;<input type="checkbox"/> elder abuse;<input type="checkbox"/> coercive behaviour;<input type="checkbox"/> controlling behaviour;<input type="checkbox"/> exposure of a child to domestic violence;<input type="checkbox"/> intimidating behaviour;<input type="checkbox"/> threatening behaviour;<input type="checkbox"/> abusive behaviour;<input type="checkbox"/> degrading behaviour;<input type="checkbox"/> offensive behaviour; or<input type="checkbox"/> humiliating behaviour.
<p>(b)</p>	<p><input type="checkbox"/> Not to get the help of another person to commit any act of domestic violence stated in paragraph (a) above.</p>
<p>(c)</p>	<p><input type="checkbox"/> Not to enter the shared residence, situated at.....</p>
<p>(d)</p>	<p><input type="checkbox"/> Not to enter a specified part of the shared residence, namely:.....</p>
<p>(e)</p>	<p><input type="checkbox"/> Not to enter the complainant's residence, situated at</p>
<p>(f)</p>	<p><input type="checkbox"/> Not to enter the complainant's workplace or place of studies, namely:</p>
<p>(g)</p>	<p><input type="checkbox"/> Not to prevent the complainant or any child who ordinarily live(s) or lived in the shared residence from entering or remaining in the shared residence or any part thereof, to wit:</p>
<p>(h)</p>	<p>Not to disclose or make available any electronic communication, especially the following:</p>
<p>(i)</p>	<p>Not to commit any other act, namely:</p>

7. ADDITIONAL CONDITIONS

It is also requested that the Court must order that (complete where necessary):

(a)	A peace officer, namely is to accompany the complainant to assist with arrangements regarding the collection of the complainant's personal property set out in paragraph 9 below.
(b)	A member of the South African Police Service is to seize the following weapon(s) in the possession of the respondent:
(c)	The respondent is to pay the following rent or mortgage payments:
(d)	The respondent is to pay the following maintenance:
(e)	The respondent is to pay the following other emergency monetary relief: (For example: Funds for - food, necessities, transport, medical, dental, medication, counselling, school fees, relocation costs, household bills etc.)
(f)	The respondent is refused any contact with the following child or children:
(g)	The respondent is granted the following contact with the above-mentioned child or children:
(h)	The complainant's home, study or work details not to be disclosed to the respondent:
(i)	Other conditions requested:

8. PERSONAL PROPERTY (clothes, shoes, medication, children's items, jewelry, household pet, cosmetics, identity documents, passport, birth certificates, other daily necessities, items needed for school, study, work)

This list should not include furniture such as beds, lounge suites etc.

Designation:
Area for which appointed:
Work address:
.....
.....
(*Delete whichever is not applicable)

**FORM 6
PART 2
PERSONAL INFORMATION WHICH MAY NOT BE SERVED ON THE RESPONDENT**

1. PARTICULARS OF COMPLAINANT (Victim of domestic violence)	
Surname:	
Full names:	
ID. No/Date of birth (Note: if complainant is under the age of 18, he/she does NOT need the consent of a parent or guardian to make the application and does not need any other person to make the application on his/her behalf)	
Gender:	
Race:	
Type of disability (if any):	
Marital status:	
Home or temporary address:	
Home/contact telephone number:	
Cell phone number to which messages can be sent to keep you up to date with the progress of your application:	
Email address:	
Would you prefer to have the matter heard through audio-visual link (if available):	
Email address/contact number where a link can be sent for audio-visual hearing:	
Any other social media account address where the court can contact you:	
Work address:	
Work telephone number:	
Nature of domestic relationship with person who committed the act of domestic violence (Respondent):	
Occupation (incl. learner/student):	
2. PARTICULARS OF PERSON MAKING THE APPLICATION ON BEHALF OF THE VICTIM (if applicable)	
Surname:	
Full names:	
ID. No/Date of birth:	

Gender:	
Race:	
Type of disability (if any):	
Marital status:	
Email address:	
Work address:	
Work telephone number:	
Occupation (incl. learner/student):	
State reason(s) why application is made on behalf of the victim:	

Indicate whether written consent of victim has been obtained:

Written consent has been obtained and is attached:	Written consent is not necessary since the victim is- <input type="checkbox"/> a child who cannot bring the application him/herself; <input type="checkbox"/> a person with a mental disability; <input type="checkbox"/> unconscious; <input type="checkbox"/> unable to provide consent because
--	--

3. PERSONS AFFECTED BY DOMESTIC VIOLENCE

3.1 Particulars of children and adults sharing the residence:

Name:	Age:	Relationship to complainant:

3.2 How are these persons affected?

--

3.3 Do any of these persons suffer disabilities? If so, give details:

--

Name and contact details of any person who witnessed the incident:	
Name and contact details of any person who witnessed the incident:	