



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 _____

