



REPUBLIC OF SOUTH AFRICA

FORM 6

APPLICATION FOR PROTECTION ORDER

[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"/> Official In Public Health Establishment
<input type="checkbox"/> Counsellor	<input type="checkbox"/> Related Person (Having a close relationship with Complainant)
<input type="checkbox"/> Educator	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Family Member	<input type="checkbox"/> South African Police Service Member
<input type="checkbox"/> Health Care Personnel	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Medical Practitioner	

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"/> Current co-resident	In-law e.g:	<i>Related by affinity (stepfamily member such as stepmother, stepfather, stepsister or stepbrother):</i>
<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Ex-Co-resident in the past year	<input type="checkbox"/> Mother-In-law	
<input type="checkbox"/> Ex-Boyfriend	<input type="checkbox"/> Ex-Husband	<input type="checkbox"/> Father-In-law	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Ex-Girlfriend	<input type="checkbox"/> Ex-Wife	<input type="checkbox"/> Sister-In-law	<input type="checkbox"/> Stepfather
<input type="checkbox"/> Brother	<input type="checkbox"/> Ex-Partner	<input type="checkbox"/> (Other)	<input type="checkbox"/> Stepsister
<input type="checkbox"/> Sister	<input type="checkbox"/> Parent of child/children	<input type="checkbox"/> Stepbrother
<input type="checkbox"/> Husband		-in-law	

<input type="checkbox"/> Wife <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Intimate/sexual partner of any duration <input type="checkbox"/> Partner <input type="checkbox"/> Partner in perceived relationship <input type="checkbox"/> Partner in alleged marriage	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"/> Related by adoption	<input type="checkbox"/> (Other) Step <i>Related by blood (family member such as cousin, uncle, aunt, nephew or niece):</i> <input type="checkbox"/> Stepmother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Other (specify):
Surname (if known):			
Full names or name known to you by:			
ID. No/Date of birth if known or estimated age:			
Home address (if known):			
Home/work/ other contact telephone number (if known):			
Cell phone number (if known):			
Email address (if known):			
Social media platform/s on which the respondent has account/s (if known):			
The respondent's name, handle or number on each social media account (if known):			
Work/school/study address (if known):			
Occupation (incl. learner/student) (if known):			

4. INFORMATION REGARDING ACTS OF DOMESTIC VIOLENCE

History of abuse e.g. dates, times/period, place/s, type/s of abusive behavior, instruments/weapons used, injuries, medical treatment etc (attach any documents/photos/witness statements/medical records etc):

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	
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:	

5. INFORMATION REGARDING URGENCY OF APPLICATION

Submit the reasons why the Court has to consider the application as a matter of urgency and why harm may be suffered if the application is not dealt with immediately:

Why is the application urgent?

Any other reasons why you need to get a protection order today?

Are you still staying in the same place as the respondent?	
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Are there firearms or other weapons in the house? Give details:	
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Does the respondent carry / have access to a firearm for work purposes / activities? Give details:	
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Do you fear for your life or safety or the safety of your children or other relatives or people you know? Give details:	
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<p>Does the respondent make use of drugs, necessitating the need for referral to treatment centre for substance abuse?</p> <p>Give details:</p>	
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6. TERMS OF PROTECTION ORDER

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

(a) Not to commit or attempt to commit any of the following acts of domestic violence to the complainant:

<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"/> Abusive Behaviour <input type="checkbox"/> Degrading 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"/> Offensive Behaviour <input type="checkbox"/> Humiliating Behaviour
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(b) Not to get the help of another person to commit any act of domestic violence stated in paragraph (a) above.

(c) Not to enter the shared residence, situated at

(d) Not to enter a specified part of the shared residence, namely

(e) Not to enter the complainant's residence, situated at

(f) Not to enter the complainant's workplace or place of studies, namely:

(g) 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:

(h) Not to disclose or make available any electronic communication, especially the following:

(i) Not to commit any other act, namely:

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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 8 below.

(b) A member of the South African Police Service is to seize the following weapon(s) in the possession of the respondent:

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(c) The respondent is to pay the following interim rent or mortgage payments until the return date:

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(d) The respondent is to pay the following interim maintenance until the return date:

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(e) The respondent is to pay the following interim emergency monetary relief until the return date:
(For example: Funds for - food, necessities, transport, medical, dental, medication, counselling, school fees, relocation costs, household bills etc.)

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.....

(f) The respondent is refused any contact with the following child or children until the return date:

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(g) The respondent is granted the following contact with the above-mentioned child or children until the return date:

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(h) The complainant's home, study or work details not to be disclosed to the respondent: Yes No

(i) Other conditions requested:

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8. PERSONAL PROPERTY (clothes, shoes, medication, children’s items, jewellery, 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.*

Property description:	Grounds on which property is considered to be personal property:	Address where property is kept:

9. I am likely to report a breach of the Protection Order at the Police Station.

10. The court I will be able to attend is

11. INDEX OF ANNEXURES TO THIS FORM

Mark each Annexure alphabetically, starting with 'Annexure B', and attach it to this form.	Give short description of Annexure, for example 'statement of witness X', 'CD with photographs'.
A	
B	
C	
D	
E	
Signature of complainant/person on behalf of complainant	Date:

PART B: CERTIFICATE

I 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:
- (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 certify that the Deponent has acknowledged that the Deponent 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.

Sworn to/affirmed at this day of20

.....
Justice of the Peace/Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Work address:

.....

(*Delete whichever is not applicable)



REPUBLIC OF SOUTH AFRICA

FORM 6A

PERSONAL INFORMATION FOR OFFICE USE AND NOT FOR SERVICE ON RESPONDENT

[Regulation 7(1A)]

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

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?

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

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

Signature of complainant/person on behalf of complainant		Date:	
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PART B: CERTIFICATE

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- (c) Do you consider the prescribed oath to be binding on your conscience? Answer:

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Sworn to/affirmed at this day of20

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Justice of the Peace/Commissioner of Oaths

Full names:

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(*Delete whichever is not applicable)