



REPUBLIC OF SOUTH AFRICA

FORM 9

APPLICATION FOR DOMESTIC VIOLENCE SAFETY MONITORING NOTICE

[Regulation 10(1)]

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

IN THE MAGISTRATE'S COURT FOR THE DISTRICT OF	
HELD AT	APPLICATION NO
In the matter between:	
..... (Complainant)	
AND	
..... (Respondent)	

PART A : APPLICATION (To be completed by complainant/person on behalf of complainant)													
1 PARTICULARS OF COMPLAINANT/PERSON ACTING ON BEHALF OF COMPLAINANT													
Surname:													
First Name/s:													
2 PARTICULARS OF RESPONDENT													
Surname:													
Full names or name known to you by:													
Identity number/ Date of birth:													
Cellular number:													
Email address:													
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													
Residential/work address (including school or place of study)													
Work telephone number:													
Occupation (including learner/student):													

3 PARTICULARS OF PROTECTION ORDER

A protection order-
* was granted on(date); or
 is being applied for together with this application:

(*Tick whichever is applicable)

4 APPLICATION REGARDING SAFETY MONITORING NOTICE

I wish to apply for the Safety Monitoring Notice as I share the above-mentioned residence with the respondent.

The reasons for application: (*Tick whichever is applicable)
(a) Same reasons as in the application for protection order: Yes: No:

(b) I fear the respondent may hurt *me/the complainant in that:
the respondent has been in breach of a protection order: Yes: No:

(ii) the respondent has been arrested: Yes: No:
the respondent has been released on bail: Yes: No:

the respondent made threats to me / a related person / household
pet / animal / property: Yes: No:

(c) If the answer is yes in any of the questions in (b) above, please give details:
(i).....
.....
.....

(ii).....
.....
.....

(iii).....
.....
.....

(d) Any other or further reasons for applying for safety monitoring notice:
(i).....
.....
.....

(ii).....
.....
.....

(iii).....
.....
.....

Supporting Affidavit The supporting affidavit of a person who has knowledge of my situation is *attached/not attached:
(*Delete whichever is not applicable)

Index of supporting evidence/document	
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 - The supporting affidavit of a person who has knowledge of my situation (<i>if applicable</i>)	
B	
C	
D	
E	

Signature of complainant/person on behalf of complainant

PART B: CERTIFICATE
<p>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:</p> <p>(a) Do you know and understand the contents of the above declaration? Answer:</p> <p>(b) Do you have any objection to taking the prescribed oath? Answer:</p> <p>(c) Do you consider the prescribed oath to be binding on your conscience? Answer:</p> <p>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.</p> <p>Sworn to/affirmed at this day of20</p> <p>..... Justice of the Peace/Commissioner of Oaths</p> <p>Full names:</p> <p>Designation:</p> <p>Area for which appointed:</p> <p>Work address:</p> <p>.....</p>

(*Delete whichever is not applicable)