**DOMESTIC INCIDENT REPORT UNDER SECTIONS 9 (b) AND 37 (2) (c) OF THE PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005 (43 OF 2005)**

[*See* Rules 5(1) and (2) and 17(3)]

1. Details of the complainant/aggrieved person:

(1) Name of the complainant/aggrieved person:

(2) Age:

(3) Address of the shared household:

(4) Present Address:

(5) Phone Number, if any:

2. Details of Respondents:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Name | Relationship with the aggrieved person | Address | Telephone No. if any. |
|  |  |  |  |  |

3. Details of children, if any, of the aggrieved person:

(*a*) Number of children;

(*b*) Details of children:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Sex | With whom at present residing |
|  |  |  |  |

 4. Incidents of domestic violence:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Date, place and time of violence | Person who caused domestic violence | Types of violence | Remarks |
| Physical violence |
|  |  |  | Causing hurt of any kind, please specify |  |

**(i) Sexual violence**

Please tick (√) the column applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Forced sexual intercourse |  |
|  |  |  | Forced to watch pornography or other obscene material |  |
|  |  |  | Forcibly using you to entertain others |  |
|  |  |  | Any other act of sexual nature,, abusing,, humiliating, degrading or otherwise violative of your dignity (please specify details in the space provided below) : |  |

**(ii) verbal and emotional abuse**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Accusation/aspersion on your character or conduct, etc. |  |
|  |  |  | Insult for not bringing dowry, etc. |  |
|  |  |  | Insult for not having a male child |  |
|  |  |  | Insult for not having any child |  |
|  |  |  | Demeaning, humiliating or undermining remarks/statement |  |
|  |  |  | Ridicule |  |
|  |  |  | Name calling |  |
|  |  |  | Forcing you to not attend school, college or any other educational institution |  |
|  |  |  | Preventing you from taking up a job |  |
|  |  |  | Preventing you from leaving the house |  |
|  |  |  | Preventing you from meeting any particular person |  |
|  |  |  | Forcing you to get married against your will |  |
|  |  |  | Preventing you from marrying a person of your choice |  |
|  |  |  | Forcing you to marry a person of his/their own choice |  |
|  |  |  | Any other verbal or emotional abuse (please specify in the space provided below) |  |

**(iii) Economic violence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Not providing money for maintaining you or your children |  |
|  |  |  | Not providing food, clothes, medicine, etc. for you or your children |  |
|  |  |  | Forcing you out of the house you live in |  |
|  |  |  | Preventing you from accessing or using any part of the house |  |
|  |  |  | Preventing or obstructing you from carrying on your employment |  |
|  |  |  | Not allowing you to take up an employment |  |
|  |  |  | Non-payment of rent in case of a rented accommodation |  |
|  |  |  | Not allowing you to use clothes or articles of general household use. |  |
|  |  |  | Selling or pawning your *stridhan* or any other valuables without informing you and without your consent |  |
|  |  |  | Forcibly taking away your salary, income or wages, etc. |  |
|  |  |  | Disposing your *stridhan* |  |
|  |  |  | Non-payment of other bills such as electricity, etc. |  |
|  |  |  | Any other economic violence (please specify in the space provided below) |  |

**(iv) Dowry related harassment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Demands for dowry made, please specify |  |
|  |  |  | Any other details with regard to dowry, please specify |  |
|  |  |  | Whether details of dowry items, *stridhan*, etc. attached with the form |  |
|  |  |  | Yes |  |
|  |  |  | No |  |

**(v) Any other information regarding acts of domestic violence against you or your children**

(Signature or thumb impression of the complainant/aggrieved person)

5. List of documents attached:

|  |  |  |
| --- | --- | --- |
| Name of document | Date | Any other detail |
| Medico legal certificate |  |  |
| Doctor’s certificate or any other prescription |  |  |
| List of *Stridhan* |  |  |
| Any other document |  |  |

6. Order that you need under the Protection of Women from Domestic Violence Act, 2005:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Orders | Yes/No | Any other |
| (1) | Protection order under Section 18 |  |  |
| (2) | Residence order under Section 19 |  |  |
| (3) | Maintenance order under Section 20 |  |  |
| (4) | Custody order under Section 21 |  |  |
| (5) | Compensation order under Section 22 |  |  |
| (6) | Any other order (specify) |  |  |

7. Assistance that you need:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Assistance available | Yes/No | Nature of Assistance |
| (1) | (2) | (3) | (4) |
| (1) | Counsellor |  |  |
| (2) | Police Assistance |  |  |
| (3) | Assistance for initiating criminal proceedings |  |  |
| (4) | Shelter home |  |  |
| (5) | Medical facilities |  |  |
| (6) | Legal aid |  |  |

8. Instructions for the Police Officer assisting in registration of a Domestic Incident Report:

Wherever the information provided in this Form discloses an offence under the Indian Penal Code or any other law, the police officer shall—

(*a*) inform the aggrieved person that she can also initiate criminal proceedings by lodging a First Information Report under the Code of Criminal Procedure, 1973 (2 of 1974)

(*b*) if the aggrieved person does not want to initiate criminal proceedings, then make daily dairy entry as per the information contained in the domestic incident report with a remark that the aggrieved person due to the intimate nature of the relationship with the accused wants to pursue the civil remedies for protection against domestic violence and has requested that on the basis of the information received by her, the matter has been kept pending for appropriate enquiry before registration of an FIR.

(*c*) if any physical injury or pain being reported by the aggrieved person, offer immediate medical assistance and get the aggrieved person medically examined.

(Counter signature of Protection Officer/Service Provider)

Place:                                                   Name:

Date:                                                     Address

(Seal)

 Copy forwarded to:—

1. Local Police Station

2. Service Provider/Protection Officer

3. Aggrieved person

4. Magistrate

Ref No. [[Format of the Reference No.]]

Date: [[Date]]

Registered A.D.

LEGAL NOTICE

To

[[Name]]

[[Name of father]]

[[Address]]

Dear Sirs or Madams:

Under instruction and on behalf of my client \_\_\_\_\_\_ son of \_\_\_\_\_\_, redient of \_\_\_\_\_\_ I do hereby serve you with the following noticethe parties agree as follows:

1. This is with reference to your letter No (Number of Letter) dated (Date) addressed to me (Medium of Communication) communicating the following offer:
2. DEFINITIONS

Yours Truly,

DEPONENT

[[Deponent Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]

**Details of variables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Particulars | Choices/option | Variables | Comments |
|  | Choose the type of document |  |  |  |
|  |  |  |
|  |  |  |
|  | First Party |  | Name  Father’s Name  Age  Address  Upload Photo |  |
|  | Second Party |  | Name  Father’s Name  Age  Address  Upload Photo |  |
|  | Third Party / Nominee |  | Name  Father’s Name  Age  Address  Upload Photo |  |
|  | Date & Place |  | Date  Place |  |
|  | Address |  | House No.  Street  Locality  Village  Tehsil/Taluka  District  PIN |  |
|  | Location of the property/ boundary |  | East  West  North  South |  |
|  | Bank Details |  | Amount  Cheque No.  Date  Branch  Bank |  |
|  | Measurement of Land/plot |  | North side East to West =  South side East to West =  East side North to South =  West side North to South = |  |
|  | Family | married |  |  |
| unmarried |  |  |
|  | Property Details | Address |  |  |
| Area |  |  |
|  | Mode of Payment | Cheque | Amount  Cheque No.  Date  Branch  Bank |  |
| DD | Amount  Cheque No.  Date  Branch  Bank |  |
| Online Transfer | Amount  Online Transfer Reference No.  Date  Bank |  |
| Cash | Cash |  |
|  | Terms |  |  |  |
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|  | Additional Terms |  |  |  |
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|  |  |  |
|  | Starting date and Duration |  | Start Date  Duration |  |
|  | Dispute | Notice Period | Days |  |
| Courts | Place of Jurisdiction |  |
| Arbitration | Arbitration clause |  |
|  | Remuneration | Total |  |  |
| Salary Break up | HRA |  |
| Provident Fund |  |
| Medical Insurance |  |
| Transport |  |
| Others |  |
|  | Others |  |  |  |
|  | Company Details |  | Name  Address |  |
|  | Optional |  | Write your own |  |
|  | Witness 1 |  | Name  Father’s Name  Age  Address  Signature/ eSign  Upload Photo |  |
|  | Witness 2 |  | Name  Father’s Name  Age  Address  Signature/ eSign  Upload Photo |  |
|  | Signature |  | Signature/ eSign  Upload Photo  Date  Place  eMail  Mobile No. |  |

{{Name of Conditional “Question to Prompt User?” => Text that you would like to include if a user selects 'yes'}}