

ANNEXURE B
FORM 2

**REQUEST TO FAMILY ADVOCATE TO INSTITUTE AN ENQUIRY IN TERMS OF SECTION 4 OF THE
MEDIATION IN CERTAIN DIVORCE MATTERS ACT, 1987 (ACT NO. 24 OF 1987)**

1. DETAILS OF APPLICANT REQUESTING ENQUIRY

FULL NAME:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

TELEPHONE NO: (HOME) _____

TELEPHONE NO: (WORK) _____

2. Is applicant a party to an action/application involving minor or dependent children?

YES / NO

3. Where was the action / application instituted / lodged?

4. When was the action / application instituted / lodged?

5. Court file reference number of action / application?

6. Names, ages and gender of minor or dependent children involved action / application:

7. DETAILS OF OTHER PARTY INVOLVED IN ACTION / APPLICATION

FULL NAME:

POSTAL ADDRESS:

RESIDENTIAL ADDRESS:

8. Full details of reasons why an enquiry is requested:

9. Are you or a member of your family known to any welfare organisation or agency?
If so, state the name of the organisation / agency and the address where it operates:

APPLICANT (SIGNATURE)

DATE: _____ PLACE: _____