

## FORM 1

[See Rule 5(1) and (2) and 17 (3)]

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

## 1. Details of the complainant /aggrieved person

- (1) Name of the complainant/aggrieved person:
- (2) Age :
- (3) Address of the shed household :
- (4) Present Address :
- (5) Phone Number, if any :

## 2. Details of Respondents :

<i>Sl. No.</i>	<i>Name</i>	<i>Relationship with the aggri- eved person</i>	<i>Address</i>	<i>Telephone No. if any</i>

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

- (a) Number of Children:
- (b) Details of children :

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>With whom at present residing</i>

## 4. Incidents of domestic violence:

Sl. 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.							
<b>II SEXUAL VIOLENCE</b> Please tick mark [√] the column applicable							
			<input type="checkbox"/> Forced sexual intercourse <input type="checkbox"/> Forced to watch porno-graphy or other obscene material <input type="checkbox"/> Forcibly using you to entertain others <input type="checkbox"/> Any other act of sexual nature, abusing humiliating, degrading or otherwise violative of your dignity (please specify details in the space provided below):				
<b>II VERBAL AND EMOTIONAL ABUSE</b>							
			<input type="checkbox"/> Accusation/aspersion on your character or conduct, etc. <input type="checkbox"/> Insult for not brining dowry, etc. <input type="checkbox"/> Insult for not having a male child <input type="checkbox"/> Insult for not having any child <input type="checkbox"/> Demeaning, humiliating or undermining remarks/ statement <input type="checkbox"/> Ridicule <input type="checkbox"/> Name calling <input type="checkbox"/> Forcing you to not attend school, college or any other educational institution				

			<input type="checkbox"/> Preventing you from taking up a job <input type="checkbox"/> Preventing you from leaving the House <input type="checkbox"/> Preventing you from meeting any particular person <input type="checkbox"/> Forcing you to get married against your will <input type="checkbox"/> Preventing you from marrying a person of your choice <input type="checkbox"/> Forcing you to marry a person of his/their own choice <input type="checkbox"/> Any other verbal or emotional abuse (please specify in the space provided below)	
	III ECONOMIC VIOLENCE			
			<input type="checkbox"/> Not providing money for maintaining you or your children <input type="checkbox"/> Not providing food, clothes, medicine, etc., for you or your children <input type="checkbox"/> Forcing you out of the house you live in <input type="checkbox"/> Preventing you from accessing or using any part of the house <input type="checkbox"/> Preventing or obstructing you from carrying on your employment <input type="checkbox"/> Not allowing you to take up an employment	

			<input type="checkbox"/> Non-payment of rent in case of a rented accommodation <input type="checkbox"/> Not allowing you to use clothes or articles of general household use <input type="checkbox"/> Selling or pawing your stridhan or any other valuables without informing you and without your consent <input type="checkbox"/> Forcibly taking away your salary, income or wages etc. <input type="checkbox"/> Disposing your stridhan <input type="checkbox"/> Non payment of other bills such as electricity, etc. <input type="checkbox"/> Any other economic violence <input type="checkbox"/> (Please specify in the space provided below)	
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## (iv) DOWRY RELATED HARASSMENT

	:		<input type="checkbox"/> Demands for dowry made, please specify: <input type="checkbox"/> Any other detail with regard to dowry, please specify  Whether details of dowry items, stridhan, etc. attached with the form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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- (v) any other information regarding acts of domestic violence against you or your children.

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

5. List of documents attached

<i>Name of document</i>	<i>Date</i>	<i>Any other detail</i>
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.

<i>S. No.</i>	<i>Orders</i>	<i>Yes/No</i>	<i>Any other</i>
(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

<i>S. No.</i>	<i>Assistance available</i>	<i>Yes/No</i>	<i>Nature of assistance</i>
(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. Instruction 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 1973)
- (b) if the aggrieved person does not want to initiate criminal proceedings, then make daily diary 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.

Place: (Countersignature of Protection Officer/Service Provider)

Date:

Name:

Address:

(Seal)

Copy forwarded to:—

1. Local Police Station
2. Service Provider/Protection Officer
3. Aggrieved person
4. Magistrate