AFFIDAVIT OF SERVICE [NAME] [DATE]

COURT DETAILS

Court

#Division

#List

Registry

Case number

TITLE OF PROCEEDINGS

[First] plaintiff [name]

#Second plaintiff #Number of plaintiffs (if more than two)

[First] defendant [name]

#Second defendant #Number of defendants (if more than two)

FILING DETAILS

Filed for **[name]** [role of party eg plaintiff]

#Filed in relation to [eg plaintiff's claim, (number) cross-claim]

[include only if form to be eFiled]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

[on separate page]

AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

- 1 #I am [role of deponent].
- 2 I am over the age of 16 years.
- On [date] at [place], I served [name of person served] with the following documents [describe documents served. If the document served is a filed document include the date the document was filed in the description eg statement of claim filed (date). Do not attach a copy of any document already filed.]
- 4 I served the documents by [method of service].

5	#At the time of service [name of person served] stated [record what, if anything, the
	person served said].

#SWORI	N #AFFIRMED at		
Signature of deponent			
Name of	witness		
Address of witness			
Capacity	of witness	[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]	
And as a witness, I certify the following matters concerning the person who made this affidavit (the deponent):			
1	#I saw the face of the deponent. [OR, delete whichever option is inapplicable] #I did not see the face of the deponent because the deponent was wearing a face covering, but I am satisfied that the deponent had a special justification for not removing the covering.*		
2	•	onent for at least 12 months. [OR, delete whichever option is inapplicable] eponent's identity using the following identification document:	
	-	Identification document relied on (may be original or certified copy) [†]	

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

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Signature of witness

^{[*} The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

^{[&}lt;sup>†</sup> "Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see Oaths Regulation 2011.]