

STATEMENT IN ANSWER TO INTERROGATORIES

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)

PREPARATION DETAILS

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

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

ANSWER BY [NAME] [ROLE OF PARTY] TO INTERROGATORIES ADMINISTERED BY [REQUESTING PARTY]

[Name] [role of party] gives the following answers to the interrogatories ordered by the court
on [date of court order]:

1 Interrogatory:

[copy the first interrogatory in the notice served on you]

Answer:

[provide your answer]

2 Interrogatory:

[copy the second interrogatory in the notice served on you]

Answer:

[provide your answer]

#SIGNATURE

[required where statement of answers is NOT verified by affidavit]

#Signature of person giving the statement of answers

Capacity [eg solicitor, authorised officer, role of party]

Date of signature

#AFFIDAVIT

[required where answers are to be verified by affidavit]

Name

Address

Occupation

Date

I [#say on oath/#affirm]:

1 #I am the [role of party].

#I am [give details of the capacity of the person making the affidavit and the facts that qualify the person to make the affidavit].

2 I believe that the answers given to the interrogatories in this document are true.

#SWORN #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 #I have known the deponent for at least 12 months. [OR, delete whichever option is inapplicable]
#I have confirmed the deponent's identity using the following identification document:

Identification document relied on (may be original or certified copy) †

Signature of witness

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

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

[†"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.]