

AFFIDAVIT OF [NAME] [DATE]

COURT DETAILS

Court Write the name of the Court
#Division Leave blank
#List Write 'Criminal'
Registry Write the suburb of the Court
Case number Write your case number

TITLE OF PROCEEDINGS

[First] plaintiff Write the applicant/prosecutor's name
#Second plaintiff #Number of
plaintiffs (if more than two)
[First] defendant Write your name
#Second defendant #Number
of defendants (if more than
two)

FILING DETAILS

Filed for Write your name and 'Defendant'
#Filed in relation to Write your case number
#Legal representative Leave blank
#Legal representative
reference Leave blank
Contact name and telephone Write your name and telephone number
Contact email Write your email address

Delete this section if not using an interpreter.

[on separate page]

INTERPRETER'S AFFIDAVIT

Name Write interpreters name
 Address Write interpreters address
 Occupation Write interpreters occupation
 Date Write the date

I [#say on oath #affirm]: Cross out one word to show whether you are giving an oath or affirmation.

- 1 I am an accredited interpreter as defined in the *Uniform Civil Procedure Rules 2005* in the following languages [provide details of the languages]. Write interpreters languages
- 2 My [#accreditation #registration #recognition] Write interpreters qualifications to interpret the languages set out in paragraph 1 has been issued by [provide details of the recognised agency]. Write interpreters accreditation agency
- 3 On [date] Write the date I sight translated the above affidavit of [name] Write the name dated [date] Write the date (the **Affidavit**) to [name] Write the name (the **Deponent**) in the [specify language] Write the language language.
- 4 Before translating the Affidavit, I:
 - a. read the code of conduct contained in Schedule 7A to the *Uniform Civil Procedure Rules 2005* and agreed to be bound by it; and
 - b. was given adequate opportunity to prepare to sight translate the Affidavit.
- 5 After I sight translated the entire Affidavit to the Deponent, the Deponent then:
 - a. informed the person responsible for the preparation of the Affidavit through me that the Deponent understood my interpretation and agreed with the entire contents of the Affidavit; and
 - b. [#swore #affirmed] the Affidavit in my presence. Cross out one word to show whether you are giving an oath or affirmation.

#SWORN #AFFIRMED at [Write the suburb](#)

[Cross out one word to show whether you are giving an oath or affirmation.](#)

Signature of deponent [Sign here](#)

Name of witness [Write the witnesses name](#)

Address of witness [Write the witnesses address](#)

Capacity of witness [Write the witnesses qualification](#)

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

[Leave the correct statement and cross out the remaining options.](#)

- 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: [Write the type of identification document](#)

Identification document relied on (may be original or certified copy)[§]

Signature of witness [Sign here](#)

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](#).]