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 your name

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

[First] defendant Write the defendant's name

#Second defendant #Number of defendants (if more than

two)

FILING DETAILS

Filed for Write your name and 'Applicant'

#Filed in relation to Write your case number

#Legal representative Leave blank
#Legal representative Leave blank

reference

Contact name and telephone Write your name and telephone number

Contact email Write your email address

[on separate page]

AFFIDAVIT

Name Write your name

Address Write your address

Occupation Write your 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 [role of deponent]. Write 'Applicant'
- Explain why you are asking for short service.

#SWORN #AFFIRMED at

Cross out one word to show whether you are giving an oath or affirmation.

Signature of deponent

Sign here

Name of witness Write witnesses name

Address of witness Write witnesses address

Capacity of witness Write witnesses qualifications

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.

- #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.*
- #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).]

^{[† &}quot;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 or refer to the guidelines in the NSW Department of Attorney General and Justice's "Justices of the Peace Handbook" section 2.3 "Witnessing an affidavit" at the following address: http://www.jp.nsw.gov.au/Documents/jp%20handbook%202014.pdf]

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.

- 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
- 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.

- #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.‡
- #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).]

^{[§ &}quot;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.]