

MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
GENERAL FORM OF AFFIDAVIT
FORM 2

Registry: Phone: Fax:	Case number:
Claimant	
Defendant	

I of

(full name and address) (occupation)

(* Delete as applicable)

having been duly sworn say on oath the following:

1. I am the (*description of party*) in this case.

2.

SWORN

At this day

of 20 in the presence of

.....
Registrar/Justice of the Peace/other authorised witness

.....
Deponent

Each page is to be dated and signed by the person making the affidavit and the witness.

Tick [ü] appropriate box

Lodged by	<input type="checkbox"/> Claimant or claimant's lawyer <input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other				
Address for service					
Contact details	<table style="width: 100%; border: none;"><tr><td style="border: none; width: 20%;">Telephone:</td><td style="border: none; width: 20%;">Lawyer's ref:</td><td style="border: none; width: 20%;">Fax:</td><td style="border: none; width: 40%;">E mail:</td></tr></table>	Telephone:	Lawyer's ref:	Fax:	E mail:
Telephone:	Lawyer's ref:	Fax:	E mail:		