**FOR CLAIMS UNDER $20,000 ONLY**

**MAGISTRATES’ COURT OF VICTORIA**

**AT MELBOURNE**

**INDUSTRIAL DIVISION**

**Court Case Number:**

**BETWEEN**

Employee

Of: *(address)*

**AND**

Employer

Of: *(address)*

**Small Claim - Affidavit of Service**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| I  |  |
| *(full name of the person serving document* | *(occupation)* |
|  |  |
| of       |
| *(address)* |  |
| \*make oath and say\*affirm and say\*declare that |  |
| I served *(describe each document and whether it was a copy of a document or an original document)* |
|  |
| on |
| *(name of the person/company served)* |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **on** |  | **the** |  | **day of** |  |  | **at** |  | **am/pm** |
|  | *(Day)* |  | *(Date)* |  | *(Month) (Year)* |  | *(Time)* |  |

 |
| **Service when the Employer is an Individual**(Please select one of the following options) |
|

|  |  |
| --- | --- |
| \*By leaving it with him/her personally at *(address)* |  |
|  |  |
| \*By delivering it to his/her place of residence at *(address)* |  |
| to a person over the age of 16 years and residing there: *(name)* |  |

|  |  |
| --- | --- |
| \*Describe how you identified the person you served and  |  |
| established that the person was over the age of 16 years and a resident at the address? |  |

 |

Witness Signature

Deponent Signature

|  |
| --- |
| **Service when the Employer is a Business**(Please select one of the following options) |
|

|  |  |
| --- | --- |
| \*Delivering it to his/her place of business at *(address)* |  |
| to a person over the age of 16 years and apparently in charge of that business or employed in the office |
| of that business: *(name of person documents left with)* |  |

|  |
| --- |
| \*Describe fully how you identified the address to be the place of business of the Defendant and how you identified the person served to be over the age of 16 years and apparently in charge of that office or |
| employed by that business: |  |
|  |
|  |

|  |  |
| --- | --- |
| \*Posting it by post to *(post office address)* |  |
| addressed to him/her at *(address for service)* |  |

 |

|  |
| --- |
| **Service when the Employer is a Company** |
|

|  |
| --- |
| \*Leaving it at / sending it by post to the registered office of the company (as lodged with ASIC) at  |
| *(address)* |  |

 |

|  |
| --- |
| \*[*for affidavits*] The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.  |
|  |
| \*[*for statutory declarations*] I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.  |
|  |
| \*Sworn/Affirmed/Declared at *(place)* |  |  |
|       |  |  |
|  |
| in the State of Victoria on *(date)* |  |  |
|       |  |  |
|  |
|  |       |
| *(Signature of person making affidavit)* |
|  |
| Before |       |  |
|  | *(Signature)* |
|  |
|  |       |
|  | *(Name and address in legible writing, typing or stamp)* |
|  |
| \*authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration.  |
| \*authorised under section 19(1) of the **Oaths and Affirmations Act 2018** to take an affidavit.  |