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**Plaintiff**

and

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**Defendant**

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**AFFIDAVIT IN SUPPORT**

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|                     |       |                   |       |
|---------------------|-------|-------------------|-------|
| Date of Document:   | _____ | Solicitor's Code: | _____ |
| Filed on Behalf of: | _____ | Telephone:        | _____ |
| Solicitor's Name:   | _____ | Reference:        | _____ |
| Address:            | _____ |                   | _____ |

NATURE OF COMPLAINT [state shortly]

I, [full name]

**Of**

[address] & [occupation]

\*affirm/\*make oath and say:

1.

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.

**\*Sworn/\*Affirmed at** [place]

**In the State of Victoria on** [date]

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[signature of person swearing or affirming the affidavit contents, to be signed in front of the authorised affidavit taker]

Before me,

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*[signature of authorised affidavit taker<sup>1</sup>]*

on

*[name, statement of the capacity in which the authorised affidavit taker has authority to take the affidavit, and person or professional address in legible writing, typing or stamp]*

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<sup>1</sup> A person authorised under section 19(1) of the *Oaths and Affirmations Act 2018* to take an affidavit.

\*delete if not applicable