
Plaintiff

and

Defendant

AFFIDAVIT IN SUPPORT

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]

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

Before me,

[signature of authorised affidavit taker¹]

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]

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

*delete if not applicable