

## AFFIDAVIT OF [NAME] [DATE]

### COURT DETAILS

Court

#Division

#List

Registry

Case number

### TITLE OF PROCEEDINGS

[First] plaintiff **[name]**

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

[First] defendant **[name]**

#Second defendant #Number of  
defendants (if more than two)

### FILING DETAILS

Filed for **[name]** [role of party eg plaintiff]

#Filed in relation to [eg plaintiff's claim, (number) cross-claim]  
[include only if form to be eFiled]

#Legal representative [solicitor on record] [firm]

#Legal representative reference [reference number]

Contact name and telephone [name] [telephone]

Contact email [email address]

[on separate page]

**AFFIDAVIT**

Name

Address

Occupation

Date

I [#say on oath #affirm]:

1 #I am [role of deponent].

2 [state information to be included in the affidavit in numbered paragraphs].

#SWORN #AFFIRMED at

Signature of deponent \_\_\_\_\_

Name of witness

Address of witness

Capacity of witness [#Justice of the peace #Solicitor #Barrister #Commissioner  
for affidavits #Notary public]And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

- 1 #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.\*
- 2 #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:

\_\_\_\_\_  
Identification document relied on (may be original or certified copy)<sup>†</sup>

Signature of witness \_\_\_\_\_

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).]

[<sup>†</sup> "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> ]

[on separate page]

## INTERPRETER'S AFFIDAVIT

Name

Address

Occupation

Date

I [#say on oath #affirm]:

- 1 I am an accredited interpreter as defined in the *Uniform Civil Procedure Rules 2005* in the following languages [provide details of the languages].
- 2 My [#accreditation #registration #recognition] to interpret the languages set out in paragraph 1 has been issued by [provide details of the recognised agency].
- 3 On [date] I sight translated the above affidavit of [name] dated [date] (the **Affidavit**) to [name] (the **Deponent**) in the [specify 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.

#SWORN #AFFIRMED at

Signature of deponent \_\_\_\_\_

Name of witness

Address of witness

Capacity of witness

[#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public]

And as a witness, I certify the following matters concerning the person who made this affidavit (the **deponent**):

- 1        #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.‡
- 2        #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:

\_\_\_\_\_  
Identification document relied on (may be original or certified copy)<sup>§</sup>

Signature of witness \_\_\_\_\_

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

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[‡ The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).]

[§ "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](#).]