Form 115

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|  | | | AFFIDAVIT  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au) | | | | | | | | | | | | Court Use  Date Filed: | | |
|  | | | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | Action No | | | |  | | | |
| Address |  | | | | | | |  | | | | | |  | | |  |
|  | *Street* | | | | | | | *Telephone* | | | | | | *Facsimile* | | | *DX* |
|  |  | | |  | |  | | | |  | | | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | | | | |
| **Informant** | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | |  | | | |  | | |  | |
|  | | *Street* | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* | |
|  | |  | | |  | |  | | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | |
| **Defendant** | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | |  | | | |  | | |  | |
|  | | *Street* | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* | |
|  | |  | | |  | |  | | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | |
| **Deponent/Person Swearing or Affirming Affidavit** | | | | | | | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | | | | | | | |
| Occupation | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | |  | | | |  | | |  | |
|  | | *Street* | | | | | | | *Telephone* | | | | *Facsimile* | | | *DX* | |
|  | |  | | |  | |  | | | | |  | | | | | |
|  | | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | | *Email Address* | | | | | |
| I, the abovenamed deponent MAKE AN OATH AND SAY / DO TRULY AND SOLEMELY AFFIRM: | | | | | | | | | | | | | | | | | |
| I, the abovenamed deponent, swear/affirm that the contents of this affidavit are true and correct to the best of my knowledge and belief. | | | | | | | | | | | | | | | | | |
| SWORN before me at  on the       day of       20  Signature  (Person authorised to take Affidavits)  (e.g. Justice of the Peace) | | | | | | | | | | | DEPONENT | | | | | | |
| **NOTE**  The person swearing or affirming this affidavit and the authorised witness must sign and date each page of it. | | | | | | | | | | | | | | | | | |