



AFFIDAVIT

Magistrates Court of South Australia

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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.

