Form 35

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| AFFIDAVIT  **Magistrates Court of South Australia (Civil Division)**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au) | | | | | | | | Court Use  Date Filed: | |
|  | | | | | | | | | |
| Trial Court/ Registry |  | | | | | Action No |  | | |
| Address |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| **Plaintiff/Applicant** | | | | | | | | | |
| Full Name |  | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| **Defendant/Respondent** | | | | | | | | | |
| Full Name |  | | | | | | | | |
| Address  *(Registered Office, if Body Corporate)* |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| **Deponent/Person Swearing Affidavit** | | | | | | | | | |
| Full Name |  | | | | | | | | |
| Occupation |  | | | | | | | | |
| Address |  | | |  | | |  | |  |
|  | *Street* | | | *Telephone* | | | *Facsimile* | | *DX* |
|  |  |  |  | | |  | | | |
|  | *City/Town/Suburb* | *State* | *Postcode* | | | *Email Address* | | | |
| I, the abovenamed deponent MAKE OATH AND SAY: | | | | | | | | | |
| 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  (Authorised witness) | | | | | DEPONENT | | | | |
| **NOTE**  The person swearing or affirming this affidavit and the authorised witness must sign and date each page of it. | | | | | | | | | |