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 UseDate 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:1.
 |
| 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 20Signature  (Authorised witness) |   DEPONENT |
| **NOTE**The person swearing or affirming this affidavit and the authorised witness must sign and date each page of it. |