

Form 7	Affidavit of Service Industrial Relations Act 1999, section 708 <i>(For proving service of a document on a person)</i>	R.35
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[INDUSTRIAL COURT OF QUEENSLAND]
[QUEENSLAND INDUSTRIAL RELATIONS COMMISSION]
[INDUSTRIAL REGISTRAR]
Industrial Relations Act 1999, s 708

(name of applicant or as the case may be)

AND

(name of respondent)

(No. of 20)

AFFIDAVIT OF SERVICE

TO: The Industrial Registrar, Industrial Registry, Level 18, Central Plaza 2, 66 Eagle Street,
(Corner Creek and Elizabeth Streets), Brisbane 4000, GPO Box 373, Brisbane 4001
Phone: (07) 3227 8060, Fax (07) 3221 6074

Party on whose behalf this document is filed	Family name	Given names
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or

Corporation/organisation/business etc name
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Name, address and occupation of person serving the documents	Family name	Given names
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Address

Occupation

Person served	Family name/company/business/organisation etc name	Given names
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(if insufficient space – insert another page)

Time and date documents were served

What documents were served? *(attach copies marked with the letter A)*

..... [Conduct money paid?] [Yes] [No].....

How were the documents served? (tick box and complete details)

I handed them to the person at (give address)

.....
.....

I attempted to hand them to the person at (give address)

.....

The person refused to accept them. I put them down and left them in the presence of the person and said

.....

If you handed the documents to the person to be served or put them down in their presence, indicate how you identified the person (tick the box):

I know the person

I saw the person sign an acknowledgment that they were the person to be served or authorised to accept service

I had the following conversation relating to the person's identity

.....
.....

I left them with, or tendered them to the Secretary of, (give name of employer/employee organisation)

.....

at (give address).....

I left them at (give address for service or last known residential address of person to be served)

.....

with (give name).....

who was a person apparently living at the address and who appeared to be 18 years or over.

I left them at (give address)

.....

in a position where they were reasonably likely to come to the attention of the person to be served because (circle relevant reason)

(a) there was no one in attendance at the address

(b) the address is within a building or area to which I have been denied access

I sent them by [pre-paid ordinary post] [registered post] in an envelope addressed to (give name and address)

.....

I faxed them to (fax may be used if given by person to be served as part of their address for service-give fax number)

..... A copy of the transmission advice generated by the fax machine on which I sent the fax is attachment B.

(attach copy of transmission report generated by your fax machine and mark with the letter B as an exhibit)

Other (give details).....

.....

I [swear][affirm] that the facts set out above are true.

(Signature of person who served documents)

Deponent

[Sworn][affirmed] by the deponent at

on

(place)

(day, month, year)

before me

(Signature)

(print name)

[Justice of the Peace][commissioner for declarations][lawyer] (other)

This affidavit is filed for the [applicant][respondent] (*or as the case may be*)

PARTICULARS OF THE APPLICANT

Name:

Position or title: (*if applicable*)

Organisation, corporation, association, department etc: (*if applicable*)

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

Applicant's fax number (*if any*):

Applicant's e-mail address (*if any*):

[IF APPLICANT HAS A LAWYER

Applicant's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address (*if any*):]

[IF APPLICANT HAS AN AGENT (*An appointment of agent form must accompany this application, R 12(1)(l) unless already filed*)

Applicant's agent's name:

and organisation, corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address (*if any*):]

[PARTICULARS OF THE RESPONDENT (*the following information must be provided unless the applicant is seeking directions in relation to the other parties to the proceedings eg when making a new award. If there is more than 1 respondent this information must be given for all respondents*).

Name:

Position or title: (*if applicable*)

Organisation, corporation, association department business etc: (*if applicable*)

Residential or business address:

Respondent's address for service:

Respondent's phone or contact phone number:

Respondent's fax number: (*if any*)

Respondent's e-mail address (*if any*):]

[IF RESPONDENT HAS A LAWYER

Respondent's lawyer's name:

and firm name:

Lawyer's business address:

Address for service:

Phone:

Fax:

E-mail address (*if any*):]

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and organisation, corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address (*if any*):]