



NUMBER:

Form 20 - Affidavit

Version 2

Applicant: (NAME OF APPLICANT IN MATTER)

AND

Respondent: (NAME OF RESPONDENT IN MATTER)

AFFIDAVIT OF

(NAME OF PERSON MAKING AFFIDAVIT)

I,

Name	
Address	
Position	

[make oath and say] [*or solemnly and sincerely affirm and declare*] as follows—

1. I am
2. Exhibit A to this affidavit is

(if the affidavit extends over more than one page, at the foot of the first and every other page except the last)

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Signed: *(deponent/s to sign)*

Taken by: *(person taking the affidavit to sign)*

Further, I [make oath and say] [solemnly and sincerely affirm and declare]

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

Signature

Signature	
Name	
Date	

Taken by:

Sworn/Affirmed by the deponent at:		
on:		
Signature		
Print Name		
Date		
Justice of the peace/commissioner for declarations/lawyer/other qualified person		

[who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit. *(if required see R55)*]

[who certifies that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that that person made the affidavit, but was physically incapable of signing it. *(if required: see R55)*]

1. PARTICULARS OF THE APPLICANT

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Specify Other:		
Employee's Name			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

a) Does the Applicant have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the Applicant. There is no requirement to have a representative.

Yes - Provide representative's details below and file a Form 33 or 34

No

b) Applicant's representative

Contact person			
Organisation			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

2. 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 of Respondent			
Contact person			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Email address			

a) Does the Respondent have a representative?

A representative might be a lawyer, a union, an agent or a family member or friend who will speak on behalf of the Respondent.

Yes - Provide representative's details below

No

b) Respondent's representative

Contact person			
Organisation			
Postal address			
Suburb/Town		Postcode	
Phone number		Fax number	
Mobil number			
Email address			