QIRC Matter No: / /

Industrial Magistrates Court Matter No: /

Industrial Magistrates Court Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDUSTRIAL MAGISTRATES COURT**

**Form 94 – Affidavit**

seal

*Industrial Relations Act* 2016*,* sections 506 and 989

*Fair Work Act* 2009 (C'wlth), Chapter 4, Part 4-1

*Industrial Relations (Tribunals) Rules* 2011, Part 3B

|  |
| --- |
| **Information** |
| * This form is to be used to prepare an Affidavit in relation to a **Fair Work Claim** or **Unpaid Amount Claim** in the Industrial Magistrates Court.
* Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or Rules may result in the non-acceptance of your form.
 |

|  |  |
| --- | --- |
| **Applicant/Claimant:** |  |
|  |
| **v** |
| **Respondent/Defendant:** |  |
|  |

**PLEASE NOTE:** If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file with this form.

If this affidavit contains exhibits, you will need to complete a **Form 94A - Certificate of exhibit to affidavit** for each exhibit.

Affidavit

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 [insert full name of deponent] [insert residential or business address of deponent]

* state on oath: **OR** ⬜ do solemnly and sincerely affirm and declare, that:

|  |
| --- |
| *Insert matters to be sworn or affirmed in numbered paragraphs* |

**The contents of this affidavit are true and correct. Where the contents of this affidavit are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and the grounds for the belief.**

**I understand that it is a criminal offence to provide a false matter in an affidavit, for example, the offence of perjury under the Criminal Code, section 123.**

**Deponent to complete** [tick if applicable]:

⬜ I electronically signed this affidavit

⬜ This affidavit was made in the form of an electronic document

⬜ This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867.*

**SWORN / AFFIRMED by:**

|  |
| --- |
| **Deponent details** |
| **Full name of deponent:** |  |
|  |
| **Sworn/Affirmed by the deponent at:** | [insert location] |
| **Signature of deponent:** |  |
| **Date:** | / / |

|  |
| --- |
| ***Alternative signature panel if substitute signatory signs [delete if not applicable]*** |
| **Full name of deponent:** |  |
|  |
| **Sworn/Affirmed by the deponent at:** | [insert location] |
| ***Signed for and at the direction of the deponent by*** |
| **Full name of substitute signatory:** |  |
|  |
| **Signature of substitute signatory:** |  |
| **Date:** | / / |

**BEFORE ME:**

|  |
| --- |
| **Witness details** |
| **Full name of witness:** |  |
|  |
| **Signature and type of witness:** |  |
| Justice of the Peace/Commissioner for Declarations/Lawyer |
| **Date:** | / / |

Witness to complete [tick as applicable]:

***If deponent is unable to sign the affidavit***

⬜ A substitute signatory signed for and at the direction of the deponent.

***For special witnesses only:***

⬜ I am a special witness under the *Oaths Act 1867*. (see section 12 of the *Oaths Act 1867*)

⬜ I electronically signed this affidavit.

⬜ This affidavit was made in the form of an electronic document.

⬜ This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*.

⬜ I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.