



Form 94 – Affidavit

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.

Signed: _____
[Signature of the deponent/substitute signatory]

Taken by: _____
[Signature of witness]

Justice of the Peace/Commissioner for Declarations/Lawyer

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.

Signed: _____ Taken by: _____
[Signature of the deponent/substitute signatory] [Signature of witness]

Justice of the Peace/Commissioner for Declarations/Lawyer

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:	
Signature of deponent:	
Date:	

<i>Alternative signature panel if substitute signatory signs [delete if not applicable]</i>	
Full name of deponent:	
Sworn/Affirmed by the deponent at:	
<i>Signed for and at the direction of the deponent by</i>	
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.