

|   |                              |  |
|---|------------------------------|--|
| <b>AFFIDAVIT</b><br><b>Protection and Care of Children</b><br><i>Children &amp; Community Services Act 2004</i> |                              | <b>File No:</b>  |
|   |                              | <b>Date Filed:</b> /     /20   |
| <b>COURT DATE</b>   | <b>Court date:</b> /     /20 | <b>Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm |
| <b>Court place:</b> 160 Pier Street, PERTH WA 6000  |                              |  |

|  |   |
|--|---|
| <b>FILED ON BEHALF OF</b><br><i>(tick one)</i> | <input type="checkbox"/> DCPFS <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child Representative<br><br><input type="checkbox"/> Other (state relationship to child): |
|--|---|

|   |   |
|---|---|
| <b>CHILD 1</b><br>Full Name: _____<br>Date of Birth:     /     /<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>CHILD 2</b><br>Full Name: _____<br>Date of Birth:     /     /<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---|---|

|   |   |
|---|---|
| <b>CHILD 3</b><br>Full Name: _____<br>Date of Birth:     /     /<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <b>CHILD 4</b><br>Full Name: _____<br>Date of Birth:     /     /<br>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---|---|

|   |   |
|---|---|
| <b>DEPONENT</b><br><i>(Person making the affidavit)</i> | Full Name: _____<br>Address: _____<br>Occupation: _____ |
|---|---|

|  |                      |
|--|----------------------|
| <b>EVIDENCE</b> <i>(Divide facts into separately numbered paragraphs. Attach extra pages if you need more space)</i> |                      |
|  |                      |
| Signature of deponent (person making affidavit)  | Signature of witness |

|               |  |                               |                                      |
|---------------|--|-------------------------------|--------------------------------------|
| <b>SIGNED</b> | I swear / affirm that the contents of this affidavit are true. |                               |                                      |
|               | .....<br>Signature of Deponent                                 | .....<br>Place                | .....<br>Date                        |
|               | Before me  |                               |                                      |
|               | .....<br>Signature of Witness                                  | .....<br>Full name of witness | .....<br>Type: JP, Registrar, Lawyer |