

**CHILDREN'S COURT OF WESTERN AUSTRALIA**

**Form 4 Parentage testing procedure**

**Affidavit by/in relation to donor**

(regulation 16E Children and Community Services Regulations 2006)

**PARENTAGE TESTING PROCEDURE  
AFFIDAVIT BY/IN RELATION TO DONOR**

**NAME OF CHILD WHOSE PARENTAGE IS IN ISSUE:**

\_\_\_\_\_ (insert child's name)

**NAME OF DONOR:** \_\_\_\_\_ (insert donor's name)

**DATE OF BIRTH OF DONOR:** \_\_\_\_\_ (insert donor's date of birth)

**\*RELATIONSHIP/\*PUTATIVE RELATIONSHIP OF DONOR TO CHILD**

**WHOSE PARENTAGE IS IN ISSUE:**

\_\_\_\_\_  
(if donor is not the child whose parentage is in issue, insert relationship of donor to child)

**DATE OF TAKING SAMPLE FROM DONOR:** \_\_\_\_\_ (insert date sample is to be taken)

I, \_\_\_\_\_ (insert name), of \_\_\_\_\_ (insert address),

\_\_\_\_\_ (insert occupation), \*make oath and

say/\*affirm:

**IMPORTANT**

**Either Part 1 or 2 of this form must be completed and sworn or affirmed by the person making the affidavit in the presence of an authorised witness, on the day the donor's sample is taken.**

**PART 1**

**Part 1 must be completed if the person making the affidavit is the donor.**

1. I am the person appearing in the photograph attached to this affidavit,  
being Attachment 'A'.

2. My racial background is \_\_\_\_\_ (insert details).

(Explanatory note - Please provide information about your biological racial background, which may be different from your nationality. For example: Caucasian, Indian, Australian Aboriginal, Chinese, Maori. If you do not know your racial background, please state "unknown". If you are uncertain how to complete this section, please contact the laboratory that sent you this Form for advice.)

3. In the last 2 years:

(a) I \*have/\*have not suffered from leukaemia;

(b) I \*have/\*have not received a bone marrow transplant.

\*4. The particulars of the \*leukaemia/\*bone marrow transplant are as follows:

(insert particulars).

5. I *have/have not* received a transfusion of blood or a blood product within the last 6 months.

\*6. The particulars of the transfusion of blood or blood product are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *(insert particulars)*.

7. I consent to:

- (a) the taking of *a bodily sample/bodily samples* from me on \_\_\_\_\_  
*(insert date sample is to be taken)* at \_\_\_\_\_ *(insert place sample is to be taken)* for the purposes of *a parentage testing procedure/parentage testing procedures*; and
- (b) the carrying out of *that procedure/those procedures* on the *sample/samples*.

## PART 2

**Part 2 must be completed on behalf of a child or a represented person.**

**In the case of a child, a person who is a responsible person for the child must complete the affidavit. In the case of a represented person, a person who is a guardian of the represented person must complete the affidavit.**

**Under s.136F of the *Children and Community Services Act 2004*, if a parentage testing order, or an order under s.136D, requires a medical procedure or other act to be carried out in relation to a child who is not in provisional protection and care or the subject of a protection order (time-limited) or protection order (until 18), the procedure or act must not be carried out without the consent of a parent of the child.**

**If the child is in provisional protection and care or the subject of a protection order (time-limited) or protection order (until 18), the CEO under the *Children and Community Services Act 2004* (or his or her delegate) must consent to the procedure or act.**

- 1. I am the \_\_\_\_\_ *(state relationship or other status in relation to the donor)* of \_\_\_\_\_ *(insert name of donor)* who was born on \_\_\_\_\_ *(insert date of birth of donor)*.
- 2. \_\_\_\_\_ *(insert name of donor)* is the person appearing in the photograph attached to this affidavit, being Attachment 'A'.
- 3. \_\_\_\_\_ *(insert name of donor)* is a person whose racial background is \_\_\_\_\_ *(insert details)*.

*(Explanatory note - Please provide information about the donor's biological racial background, which may be different from the donor's nationality. For example: Caucasian, Indian, Australian Aboriginal, Chinese, Maori. If you do not know the donor's racial background, please state "unknown". If you are uncertain how to complete this section, please contact the laboratory that sent you this Form for advice.)*

4. In the last 2 years:

- (a) the donor \*has/\*has not suffered from leukaemia;
- (b) the donor \*has/\*has not received a bone marrow transplant.

\*5. The particulars of the \*leukaemia/\*bone marrow transplant are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (insert particulars).

6. The donor \*has/\*has not received a transfusion of blood or a blood product within the last 6 months.

\*7. The particulars of the transfusion of blood or blood product are as follows:

\_\_\_\_\_  
\_\_\_\_\_ (insert particulars).

8. I consent to:

- (a) the taking of \*a bodily sample/\*bodily samples from the donor on \_\_\_\_\_ (insert date sample is to be taken) at \_\_\_\_\_ (insert place sample is to be taken) for the purposes of \*a parentage testing procedure/\*parentage testing procedures; and
- (b) the carrying out of \*that procedure/\*those procedures on the\*sample/\*samples.

\*SWORN/\*AFFIRMED by \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_ (Signature of person making affidavit)

BEFORE ME: \_\_\_\_\_

(Insert name and qualification of person before whom the affidavit is made.)

(Explanatory Note – The person before whom the affidavit is made must be an authorised witness under s.9 of the Oaths, Affidavits and Statutory Declarations Act 2005 (WA). For an affidavit made in Western Australia, an authorised witness includes a Justice of the Peace, a public notary and an experienced legal practitioner who has not participated in any way in preparing the affidavit or in the proceedings in which the affidavit is intended to be used.)

\_\_\_\_\_  
(Signature of person before whom affidavit is made)

*Attach a recent photograph of the donor named in the affidavit, measuring approximately 45 millimetres by 35 millimetres, that shows a full face view of the donor's head and the donor's shoulders against a plain background. The photograph must be marked 'A', and must bear a statement, signed by both the person before whom the affidavit is made and the person making the affidavit, identifying it as the photograph mentioned in the affidavit.*

*\*Omit if not applicable.*