CHILDREN'S COURT OF WESTERN AUSTRALIA

GENERAL FORM OF AFFIDAVIT

CRIMINAL JURISDICTION

Children's Court at	
Date filed	

Person making affidavit	I, *(name)*	
	Address	
	Occupation	

MAKE OATH / AFFIRM AND SAY as follows –

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(if insufficient space attach further supporting documents)

Signature of person making affidavit				
Sworn/ affirmed	At		On (date)	
	Before			
		Registrar/Deputy Registrar/Justice of the Peace or other authorised witness (Each page is to be dated and signed by the person making the affidavit and the witness)		

Filed by	☐ Prosecutor or prosecutor's lawyer ☐ Applicant ☐ Accused or accused's lawyer ☐ Other _____			
Address for service	☐ As above ☐ Other (Please specify):			
Contact details	Telephone		Email	
	Facsimile		Lawyer's ref.	