

AFFIDAVIT/EVIDENCE

[Number each paragraph. You need a separate paragraph for each item you dispute. Attach extra page(s) if you need more space]

1. I agree with paragraphs [put in the numbers of any paragraphs you fully agree with]
of the Department's affidavit sworn/affirmed [cross out which ever does not apply]
by [name of person who swore/affirmed the affidavit]
on [put in date it was witnessed] .

[If applicable]

2. I agree with part of paragraph [put in the number of the paragraph] but disagree with .

[If applicable]

3. I disagree with all/part of [cross out which ever does not apply] paragraph [put in the number of the paragraph] .

Signature of deponent (person making affidavit)

Signature of witness

AFFIDAVIT/EVIDENCE CONTINUED

[Number each paragraph. You need a separate paragraph for each item you dispute. Attach extra page(s) if you need more space]

[Empty space for affidavit content]

SIGNED	I swear / affirm that the contents of this response, of which I have personal knowledge, are true. All other facts are true to the best of my knowledge, information and belief.		
 Signature of Deponent Place Date
	Before me		
 Signature of Witness Full name of witness Type: JP, Registrar, Lawyer