

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
AFFIDAVIT OF SERVICE  
FORM 11**

<b>Registry:</b>	<b>Case number:</b>
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<b>Claimant</b>	
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<b>Defendant</b>	
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\*delete as inapplicable

I (full name) \_\_\_\_\_

Of (address) \_\_\_\_\_

(Occupation) \_\_\_\_\_

having been duly \*sworn/\*affirmed say the following—

I did on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_ am/pm at \_\_\_\_\_

\_\_\_\_\_ (address), duly serve

(Name of person or corporation) \_\_\_\_\_

the (Claimant/Defendant etc) \_\_\_\_\_ in this case with

(Title and Form No of document/s served) \_\_\_\_\_

**Tick [✓] appropriate box or delete inapplicable options.**

\*delete as inapplicable

- By handing the document to the individual.
- By handing the document to someone at the person's usual or last known place of \*residence / \* business who is believed, on reasonable grounds, to have reached 18 years of age.
- By handing the document to the lawyer who is acting for the \*individual/ \*corporation/ \*public authority.
- By handing the document to a person who, on reasonable grounds, is believed to be a director of the corporation who resides in Australia.
- By leaving it at the company's registered office.
- By posting it to the company's registered office at the following address: \_\_\_\_\_
- By sending by pre paid post to the following address: \_\_\_\_\_
- By handing the document to one of the partners.
- By handing the document to someone at the partnerships principal or last known place of business who, on reasonable grounds, is believed to be in charge of the business at the time of service.
- Other By) \_\_\_\_\_

(Describe here any other authorised means of service pursuant to part 17 of the Magistrates Court (Civil proceedings) Rules 2005 or Part 11 of the Magistrates Court (Minor Cases Procedure) Rules 2005)

\*SWORN/\*AFFIRMED

at \_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

In the presence of \_\_\_\_\_

\_\_\_\_\_  
(Deponent)

\_\_\_\_\_  
Registrar/Justice of the Peace or other authorised witness

**Tick [✓] appropriate box**

Lodged by	<input type="checkbox"/> Claimant or Claimants Lawyer <input type="checkbox"/> Other ..... <input type="checkbox"/> Defendant or Defendants Lawyer			
Address for service	..... .... .....			
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail: