

**MAGISTRATES COURT of WESTERN AUSTRALIA
(CIVIL JURISDICTION)
GENERAL FORM OF AFFIDAVIT
FORM 2**

Registry: Phone: Fax:	Case number:
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Claimant	
Defendant	

I of

(full name and address).....(occupation)

(* Delete as applicable)

having been duly sworn*/affirmed* say on oath*/affirm the following:

1. I am the (description of party) in this case.

2.

SWORN/AFFIRMED

atthis day

of 20..... in the presence of

.....
 Registrar/Justice of the Peace/other authorised witness

.....
 Deponent

Each page is to be dated and signed by the person making the affidavit and the witness.

Tick [✓] appropriate box

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