

MAGISTRATES COURT OF WESTERN AUSTRALIA

GENERAL FORM OF AFFIDAVIT

CRIMINAL JURISDICTION

Court number

Magistrates 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/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.