

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.