**AFFIDAVIT**

IN THE COUNTY COURT **CI-\_\_\_-\_\_\_\_\_\_\_**

OF VICTORIA

AT

BETWEEN

|  |  |  |
| --- | --- | --- |
|  |  | **Plaintiff**  |
|  | and  |  |
|  |  | **Defendant** |

|  |  |
| --- | --- |
| Date of Document:  | Solicitors Code:  |
| Filed on behalf of:  | Telephone:  |
| Prepared by:  | DX:  |
|  | Ref:  |

I, of

 [*insert address and occupation*] \*affirm/\*make oath and say:

The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

\*Sworn/\*Affirmed at )

in the State of Victoria on )

 )

*[Signature of person making the affidavit*]

Before me:

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 [*Signature of authorised affidavit taker*]

On [*date*]

[*Authorised affidavit taker to write, type or stamp name, address and capacity in which authorised person has authority*]

A person authorised under section 19(1) of the **Oaths and Affirmations Act 2018** to take an affidavit

\*Delete if not applicable.