**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:

---------------------------------------------

[*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.