**Rule 29**

|  |  |
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| **Form 4 – AFFIDAVIT** | |
| *Magistrates Court (Children’s Division) Rules* 2012 | |
|  | |
|  | FILE NUMBER: |
|  | REGISTRY: |

|  |
| --- |
| **CHILD/CHILDREN:** |
|  |
| [Full names of children and date(s) of birth] |

|  |
| --- |
| I, |
| [Full Name] |
|  |
| [Occupation] |
| of: |
| [address/place of employment] |
| in the State of Tasmania, make oath and say/affirm\* as follows: |
| \*Delete if not applicable |

[continue paragraph numbering as required]

|  |
| --- |
| I know the facts herein and declare them to be true and correct. |
| FULL NAME [please print]: |
| SIGNED: |
| SWORN/AFFIRMED\* before me: |
| At this day of 20 |
|  |
| JUSTICE OF THE PEACE: |
| [Each page is to be dated and signed by the person making the Affidavit and the witness] |
| \*Delete if not applicable |

|  |  |  |
| --- | --- | --- |
| Filed by or on behalf of: | | |
| whose address for the service of documents is: | | |
| Phone: | Fax: | DX: |
| Contact: | | |