Form 34

QUEENSLAND

*YOUTH JUSTICE ACT 1992.* Section 252

*Childrens Court Act, Section 30A*

**APPLICATION AND AFFIDAVIT TO VARY A COMMUNITY BASED ORDER (OTHER THAN A CONDITIONAL RELEASE ORDER) BY CONSENT**

**DETAILS OF CHILD**

Last Name: First Name/s:

Date of Birth: ***/ /***

**TO:** \*The Clerk of the Court/Deputy Registrar/Registrar/Sheriff of:

Court:

Place:

I

of

apply to vary the following order made in relation to the above named child:

Name of Order:

Court:

Place:

Date: ***/ /***

The reason for the variation of the order is as follows: (List reason(s) for variation)

It is requested that the order be varied in the following manner: (List details of variations)

...................................

Applicant's signature

Date: / /

**AFFIDAVIT**

We, the above named child and the delegate of the Chief Executive of the department responsible for administering the *Youth Justice Act 1992* consent to this application and to the variations as listed above.

***Child subject of application***

**The contents of this affidavit are true and correct. Where the contents of this affidavit are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and grounds for the belief and, if contained in a document, I have attached that document to this affidavit.**

**I understand that it is a criminal offence to provide a false matter in an affidavit, for example, the offence of perjury under section 123 of the Criminal Code.**

I state that: *(\*delete whichever statements are not applicable)*

1. This affidavit was made in the form of an electronic document.\*1
2. This affidavit was electronically signed.\*2
3. This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*.\*3

|  |  |  |
| --- | --- | --- |
| **SWORN / AFFIRMED by** …………………………………….[insert full name of child] at ……………………………….[insert place where child is located] Signed for and at the direction of the child by\*………………………………………………[insert full name of substitute signatory]\*\**delete if not applicable* | ))))))))))))) | ……………………………………. [signature of child /substitute signatory\*]…………………………………….[date] |
| **BEFORE ME:**…………………………………….[insert full name of witness] …………………………………….[insert type of witness]4…………………………………….[insert name of law practice / witness’s place of employment]\*5 \**delete if not applicable* | )))))))))) | …………………………………. [signature of witness] …………………………………….[date] |
|  |  |  |
| ***WITNESS to complete – Tick as applicable*** |
| ***If the child is unable to sign the affidavit*** |
| 🞏 | I certify that this affidavit was read in the presence of the child who seemed to understand it, and signified that they made the affidavit. 6 |
| 🞏 | I certify that this affidavit was read in the presence of the child who seemed to understand it, and signified that they made the affidavit, but was physically incapable of signing it. 7 |
| 🞏 | A substitute signatory signed for and at the direction of the child.8 |
| ***For special witnesses only*** |
| 🞏 | I am a **special witness** under the *Oaths Act 1867*.*(see section 12 of the Oaths Act 1867)* |
| 🞏 | This affidavit was made in the form of an electronic document.9 |
| 🞏 | I electronically signed this affidavit.10 |
| 🞏 | This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867* – I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.11 |

***Delegate of the relevant Chief Executive***

**The contents of this affidavit are true and correct. Where the contents of this affidavit are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and grounds for the belief and, if contained in a document, I have attached that document to this affidavit.**

**I understand that it is a criminal offence to provide a false matter in an affidavit, for example, the offence of perjury under section 123 of the Criminal Code.**

I state that: *(\*delete whichever statements are not applicable)*

1. This affidavit was made in the form of an electronic document.\*1
2. This affidavit was electronically signed.\*2
3. This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*.\*3

|  |  |  |
| --- | --- | --- |
| **SWORN / AFFIRMED by** …………………………………….[insert full name of delegate] at ……………………………….[insert place where delegate is located] Signed for and at the direction of the delegate by\*………………………………………………[insert full name of substitute signatory]\*\**delete if not applicable* | ))))))))))))) | ……………………………………. [signature of delegate /substitute signatory\*]…………………………………….[date] |
| **BEFORE ME:**…………………………………….[insert full name of witness] …………………………………….[insert type of witness]4…………………………………….[insert name of law practice / witness’s place of employment]\*5 \**delete if not applicable* | )))))))))) | …………………………………. [signature of witness] …………………………………….[date] |
|  |  |  |
| ***WITNESS to complete – Tick as applicable*** |
| ***If the delegate is unable to sign the affidavit*** |
| 🞏 | I certify that this affidavit was read in the presence of the delegate who seemed to understand it, and signified that they made the affidavit. 6 |
| 🞏 | I certify that this affidavit was read in the presence of the delegate who seemed to understand it, and signified that they made the affidavit, but was physically incapable of signing it. 7 |
| 🞏 | A substitute signatory signed for and at the direction of the delegate.8 |

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| ***For special witnesses only*** |
| 🞏 | I am a **special witness** under the *Oaths Act 1867*.*(see section 12 of the Oaths Act 1867)* |
| 🞏 | This affidavit was made in the form of an electronic document.9 |
| 🞏 | I electronically signed this affidavit.10 |
| 🞏 | This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867* – I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.11 |

***The footnotes are to assist in the completion of this form and should be deleted once complete.***

Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867.* Do not include this statement if you signed the document on paper.

Include this statement if the affidavit was made over audio visual link.

Insert the witness’s capacity that makes them eligible to witness the affidavit, including as a special witness under section 16C or part 6A of the *Oaths Act 1867*. For example, Australian legal practitioner, lawyer, justice of the peace, commissioner for declarations, notary public, a justice of the peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the *Oaths Act 1867*, government legal officer, etc.

For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.

Tick this box if you consider that the deponent is incapable of reading the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(1). Note that if you tick this box, the only signature on this affidavit should be your signature.

Tick this box if you consider that the deponent is physically incapable of signing the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(2). Note that if you tick this box, the only signature on this affidavit should be your signature.

Tick this box if the deponent directed a substitute signatory to sign for them.

Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the deponent.

Tick this box if you electronically sign the affidavit using an accepted method under the *Oaths Act 1867.* Do not include this statement if you signed the affidavit on paper.

1. Tick this box if the affidavit was made over audio visual link.