

Form DV39  
MAGISTRATES COURT OF QUEENSLAND

*Domestic and Family Violence Protection Act 2012*  
Section 184A  
*Domestic and Family Violence Protection Rules 2014*  
Rule 14AA

**AFFIDAVIT OF ATTEMPTED PERSONAL SERVICE**

Aggrieved *(Insert Name)*

Respondent *(Insert Name)*

Applicant *(Insert Name)*

I, *(full name and rank of deponent)* of *(address of deponent)*, state on oath (or: solemnly and sincerely affirm and declare) -

1. At *(time)* on *(day)* the day of *(month)* 20 *(year)* at *(place of service)*, I *(full name and rank of officer)* attempted to personally serve, *(name of respondent)* with the following document/s *(describe the documents attempted to be served)* by *(method of service, eg personally handing to respondent)*. \*Copies of the document/s attempted to be served are exhibited and marked "A".
2. Personal service was not effected because *(state the reasons why service was not effected)*.
3. *(Repeat 1. & 2 for each attempt at service)*.
4. The contents of this affidavit are stated on the basis of information and belief. The contents as stated herein are true to the best of my knowledge.
5. I understand that if I provide a false statement in this affidavit, I may commit an offence.

\* *Delete if not applicable.*

***If the affidavit extends over more than one page, at the foot of the first and every other page except the last:***

AFFIDAVIT OF ATTEMPTED PERSONAL SERVICE	Name:
Filed on Behalf of <i>(insert name)</i> :	Address for service:
<i>Domestic and Family Violence Protection Rules 2014.</i>	Phone No:**
	Email address:**
Rule 14AA	Fax No:**

***\*\*leave blank if you do not want this information to be given to the other party***

.....  
Deponent

.....  
Witness

*At the end of the body of the affidavit*

*[If this affidavit is being sworn in accordance with the Oaths Act 1867 requirements before a special witness (either remotely and/or using electronic signature/s), DO NOT USE the contents below. INSTEAD use DV Form 01D Special Witness Jurat for DV affidavit forms.]\**

**\*delete instructions**

The contents of this affidavit are true, except where they are stated on the basis of information and belief, in which case they are true to the best of my knowledge.  
I understand that a person who provides a false matter in an affidavit may commit an offence.

SWORN / AFFIRMED by )  
 )  
..... )  
[insert full name of deponent] ) [signature of deponent]  
 )  
at..... )  
[insert place where deponent is located] ) [date]  
 )

BEFORE ME: )  
 )  
..... )  
[insert full name of witness] ) [signature of witness]  
 )  
..... )  
[insert type of witness]<sup>1</sup> )  
 )  
..... )  
[insert witness's place of employment] \* ) [date]  
\* delete if not applicable<sup>2</sup> )  
 )

<sup>1</sup> Insert the witness's capacity that makes them eligible to witness the affidavit under s16A *Oaths Act 1867*. For example, lawyer, justice of the peace, commissioner for declarations  
<sup>2</sup> For example, the name of the law practice for the lawyer, 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