SUPREME COURT OF QUEENSLAND

REGISTRY: (*Place )*

NUMBER:

**AFFIDAVIT OF SCRIPTS**

In the [Will/Will and Codicil/Estate of] (*name of deceased including any aliases in which assets are held)* deceased

Last address: *(insert last address of deceased)*

[Address in will – if different]: *(insert address in will)*

*(Full name of deponent)* of *(residential or business address)[[1]](#endnote-1)* states on oath [or: solemnly and sincerely affirms and declares]:

1. The script of *(name),* deceased, of which I am aware is *(describe each item of script of the deceased of which the deponent knows, eg. the last will dated (date))*.

Or

1. I do not know of any script of the deceased.

1. The *(description of item of script)* is in the possession and control of *(name)* of *(address)* (as the case may be). I believe that the *(description of script)* is in the possession or control of *(name)* because *(insert grounds for the belief).*

Or

1. I do not know who has possession or control of the *(insert description of items of script).*

3. [A copy of] The *(description of item of script dated (date))* is exhibit # to this affidavit.

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

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|  |  |
| --- | --- |
| …………………………………………..  Deponent/Substitute Signatory  *(delete whichever is not applicable)* | …………………………………………..  Witness |

***At the end of the body of the affidavit:\****

|  |
| --- |
| **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 makes an affidavit that the person knows is false in a material particular commits an offence** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | I state that: | | | 🞏 | This affidavit was made in the form of an electronic document2 | | 🞏 | This affidavit was electronically signed3 | | 🞏 | This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*4 | | *(tick if applicable)* | | | | |
| **SWORN / AFFIRMED** by  …………………………………….  [insert full name of deponent]  at..……………………………………...  [insert place where deponent is located]  *(if applicable)*  **Signed for and at the direction of the**  **deponent by\***  ………………………………………………  [insert full name of substitute signatory]\*  *\*delete if not applicable*  ………………………………………………  [Australian legal practitioner/government legal officer/employee of the Public Trustee, as applicable]5 | )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  ) | …………………………………….  [signature of deponent]  …………………………………….  [date]  …………………………………….  [signature of substitute signatory]\*  …………………………………….  [date]\* |
| **BEFORE ME:**  …………………………………….  [insert full name of witness]  …………………………………….  [insert type of witness]6  …………………………………….  [witness’s place of employment/employment address/home address/telephone number/email address/law practice, as applicable]7 | )  )  )  )  )  )  )  )  )  )  )  ) | ………………………………….  [signature of witness]  ……………………………….  [date] |
| |  |  |  | | --- | --- | --- | | **For SPECIAL WITNESS to complete – Tick as applicable** | | | | 🞏 | I am a special witness under the *Oaths Act 1867* (see section 12 of the *Oaths Act 1867*) | | 🞏 | I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that the person made the affidavit (see rule 433(1) *Uniform Civil Procedure Rules 1999*) | | 🞏 | I certify that the affidavit was read in the presence of the deponent who seemed to understand it, and signified that the person made the affidavit, but was physically incapable of signing it (see rule 433(2) *Uniform Civil Procedure Rules 1999*). | | 🞏 | This document was made in the form of an electronic document8 | | 🞏 | I electronically signed this document9 | | 🞏 | 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 requirements10 | |  | | | | | |

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

***\*delete instructions***

1. If more than one deponent, continue with the name, address and description of each other deponent.

   2 Tick this box 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.

   3 Tick this box if you or your substitute signatory electronically signed the document using an accepted method under the *Oaths Act 1867.* Do not tick this box if you signed the document on paper.

   4 Tick this box if the document was made over audio visual link.

   5 A person may be directed by audio visual link to sign a document for a signatory only if the person is: an Australian legal practitioner; or a government legal officer under the *Legal Profession Act 2007* (who is an Australian lawyer but not an Australian legal practitioner and witnesses documents in the course of the government work engaged in by the officer); or is an employee of the public trustee (s31P, *Oaths Act 1867).*

   6 Insert the witness’s capacity that makes them eligible to witness the affidavit including under 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

   7 Legal practitioners who witness this document as a special witness must include their law practice (s13E *Oaths Act 1867*). If you are not an Australian legal practitioner or an approved JP or Cdec, at least one of the following must be included on the document: *the name of your place of employment, your employment or home address, your telephone number or your email address*. If there are concerns about domestic, family or sexual violence, you should use your discretion and include the information (from the options listed) that minimises the risk of exposing the location of the signatory or other affected persons.

   8 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 signatory.

   9 Tick this box if you electronically signed the document using an accepted method under the *Oaths Act 1867*. Do not tick this box if you signed the document on paper.

   10 Tick this box if the document was made over audio visual link. [↑](#endnote-ref-1)