File Number:

LFR:

Registry:

**Form DV21**

Domestic and Family Violence Protection Rules 2014 (r 13)

**Affidavit of Personal Service**

|  |  |
| --- | --- |
| Aggrieved | *(Insert Name)* |
|  |  |
| Respondent | *(Insert Name)* |
|  |  |
| Applicant | *(Insert Name)* |

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

1. At *(time)* on the…….day of ……………20….at *(place of service)* I served, *(name of person served)* with the following documents *(describe the documents served)* by *(method of service, eg personally handed to person*).
2. I identified the person served by *(state how the person was identified).*
3. The document was explained to the personby*(state how the content was explained).\**
4. Exhibit A to this affidavit is a copy of the document served.\*

*\* 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:***

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|  |  |
| --- | --- |
| …………………………………………..  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 commits an offence.**

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

|  |  |  |
| --- | --- | --- |
| **BEFORE ME:**  …………………………………….  [insert full name of witness]  …………………………………….  [insert type of witness][[1]](#endnote-1)  …………………………………….  [insert witness’s place of employment] \*[[2]](#endnote-2)  \* *delete if not applicable* | )  )  )  )  )  )  )  )  )  )  )  ) | ………………………………….  [signature of witness]  ………………………………….  [date] |

1. 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 [↑](#endnote-ref-1)
2. 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 [↑](#endnote-ref-2)