**Form 6**

### *Childrens Court Act 1992*

## *Adoption Act 2009*

### AFFIDAVIT

### CHILDRENS COURT OF QUEENSLAND

#### REGISTRY:

**NUMBER:**

**Child’s name**: **[insert full name] *(DOB:)* [dd/mm/yyyy]**

**Applicant: [Name]**

**AND**

**[First] Respondent:**

**AND**

**[Second] Respondent:**

AFFIDAVIT OF XXXXX

SWORN/AFFIRMED ON XXXXX

I, [insert full name], of [insert residential or business address], in the State of [State/Territory], make oath and say (or: do solemnly and sincerely affirm and declare) as follows:-

1. I am etc
2. Exhibit A to this affidavit is etc.

***If the affidavit extends over more than one page, at the foot of the first and every other page except the last insert the footer below (then delete these instructions):***

|  |  |
| --- | --- |
|  |  |

***At the end of the body of the affidavit***

**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:

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

*(\*delete whichever statements are not applicable)*

|  |  |  |
| --- | --- | --- |
| **SWORN / AFFIRMED** by  …………………………………….  [insert full name of deponent]  at ……………………………….  [insert place where deponent is located]  **Signed for and at the direction of the**  **deponent by\***  ………………………………………………  [insert full name of substitute signatory]\*  **\****delete if not applicable* | )  )  )  )  )  )  )  ) | …………………………………….  [signature of deponent /  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 deponent is unable to sign the affidavit*** | | | | | |
| 🞏 | I certify that this affidavit was read in the presence of the deponent 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 deponent 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 deponent.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 | | | | |

***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.