

**IN THE CHILDREN'S COURT  
OF NEW SOUTH WALES  
AT**

**CASE NUMBER**

## **Affidavit of service**

Children and Young Persons (Care and Protection) Act 1998

### **Children or young persons**

Name

Date of birth

### **Affidavit**

Name

Address

Date sworn/affirmed

I swear/affirm:

1. I am (role of deponent) .
2. On (insert date) at (insert place) I served  
(insert name of person served) with the following documents:
  - i.
  - ii.
3. I served the documents by (insert method of service)

Sworn/affirmed at

Signature of deponent

Date

Before me:

Name of witness

Capacity  Justice of the Peace  Other [please specify]

Registration number

I certify the following matters concerning the person who made this affidavit (the deponent):

1. is inapplicable] I saw the fact of the deponent; or [delete whichever option

I did not see the fact of the deponent because the deponent was wearing a face covering but I am satisfied that the deponent had a special justification for not removing the covering.

2. I have known the deponent for at least 12 months; or [delete whichever option is inapplicable]

I have confirmed the deponent's identity using the following identification document:

Identification document  
relied on

Signature

Date

[NOTE: The deponent and witness must sign each page of the Affidavit]