

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

**CASE NUMBER**

## **Affidavit**

Children and Young Persons (Care and Protection) Act 1998

### **Children and young person**

Name

### **Application details**

Type of application

Date application filed

### **Affidavit**

Name **[name]**

Address

Date sworn/affirmed

I swear/affirm:

- 1.
- 2.

### **Signature**

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.  I saw the face of the deponent; or [delete whichever option if inapplicable]

I did not see the face 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 if 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]