Form 41 (version 3)  
UCPR 35.8

# AFFIDAVIT OF SERVICE [NAME] [DATE]

|  |  |
| --- | --- |
| **COURT DETAILS** | |
| Court |  |
| #Division |  |
| #List |  |
| Registry |  |
| Case number |  |
| **TITLE OF PROCEEDINGS** | |
| [First] plaintiff | **[name]** |
| #Second plaintiff #Number of plaintiffs (if more than two) |  |
|  |  |
| [First] defendant | **[name]** |
| #Second defendant #Number of defendants (if more than two) |  |
| **FILING DETAILS** | |
| Filed for | **[name]** [role of party eg plaintiff] |
| #Filed in relation to | [eg plaintiff's claim, (number) cross-claim]  [include only if form to be eFiled] |
| #Legal representative | [solicitor on record] [firm] |
| #Legal representative reference | [reference number] |
| Contact name and telephone | [name] [telephone] |
| Contact email | [email address] |

[on separate page]

|  |  |
| --- | --- |
| **AFFIDAVIT** | |
| Name |  |
| Address |  |
| Occupation |  |
| Date |  |

I [#say on oath #affirm]:

1. #I am [role of deponent].
2. I am over the age of 16 years.
3. On [date] at [place], I served [name of person served] with the following documents [describe documents served. If the document served is a filed document include the date the document was filed in the description eg statement of claim filed (date). Do not attach a copy of any document already filed.]
4. I served the documents by [method of service].
5. #At the time of service [name of person served] stated [record what, if anything, the person served said].

|  |  |
| --- | --- |
| #SWORN #AFFIRMED at |  |
| Signature of deponent |  |
| Name of witness |  |
| Address of witness |  |
| Capacity of witness | [#Justice of the peace #Solicitor #Barrister #Commissioner for affidavits #Notary public] |
| And as a witness, 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 is 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.[[1]](#footnote-1)   1. #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 (may be original or certified copy)[[2]](#footnote-2) |
| Signature of witness |  |

Note: The deponent and witness must sign each page of the affidavit. See UCPR 35.7B.

1. [ The only "special justification" for not removing a face covering is a legitimate medical reason (at April 2012).] [↑](#footnote-ref-1)
2. [ "Identification documents" include current driver licence, proof of age card, Medicare card, credit card, Centrelink pension card, Veterans Affairs entitlement card, student identity card, citizenship certificate, birth certificate, passport or see [Oaths Regulation 2011](http://www.legislation.nsw.gov.au/viewtop/inforce/subordleg+697+2011+cd+0+N).] [↑](#footnote-ref-2)