

TASMANIA

MAGISTRATES COURT (CIVIL DIVISION)

FORM 27

AFFIDAVIT - GENERAL FORM

MAGISTRATES COURT

ACTION No. .

Address:

Phone No:

Fax No:

CLAIMANT :

DEFENDANT :

I,
of

make oath and say :

1. I am the *(Defendant/Claimant)* in this action.

2.

I know the facts herein and declare them to be true and correct.

DATED this day of 20 .

SIGNED.....

SWORN before me

at this day of 20 .

.....
JUSTICE OF THE PEACE

(Each page is to be dated and signed by the person making the Affidavit and the witness)

Filed by or on behalf ofwhose
address for the service of documents is:

Phone:

Fax:

DX:

Contact: