



**Special instructions for completing an affidavit**

**Form of affidavit**

Affidavits must be written in the first person.

**Affidavit by blind or illiterate person**

Where an affidavit is made by a person who is blind or illiterate, the person before whom the affidavit is sworn must certify that the affidavit was read to the person and that the person appeared to understand it.

**Affidavit by person who does not understand an official language**

Where an affidavit is written in an official language for a person who does not understand that official language, the affidavit must (a) be translated orally for the person in the language of the person by a competent and independent interpreter who has taken an oath, as to the performance of his or her duties; and (b) must be signed and dated by a person authorized to swear affidavits.

**Interpreter's declaration**

I, (print full name clearly) \_\_\_\_\_

declare that I have interpreted this form to the deponent from the English language to

the \_\_\_\_\_ language (state dialect if applicable). I am proficient in both these languages (and dialect if applicable) and was able to communicate effectively with the deponent. The deponent has assured me that he/she understood what was interpreted.

\_\_\_\_\_  
[Signature of interpreter]

\_\_\_\_\_  
Date (dd/mm/year)

**Exhibits**

Where an affidavit refers to an exhibit, the exhibit must be accurately identified with a notation on it or on a certificate attached to it, signed by the person before whom the affidavit is sworn.

**Content of affidavits**

Affidavits must be limited to facts within the person's personal knowledge.

# SAMPLE

<b>RAD File No:</b>
<b>Client ID No:</b>

## REFUGEE APPEAL DIVISION

### **AFFIDAVIT of Jane Doe**

I, Jane Doe, of the City of Ottawa, in the Province of Ontario, SWEAR THAT:

1. I am the appellant herein and as such, I have knowledge of the matters deposed to in this affidavit.
2. On November 1, 2013 I received the written reasons of the Refugee Protection Division denying my claim for refugee protection.
3. Due to illness I was unable to file my notice of appeal on time.
4. I attach to this affidavit the original medical certificate attesting to my illness.
5. I make this affidavit in support of my application for an extension of time to file my notice of appeal.

SWORN BEFORE ME at the  
City of Ottawa  
in the Province of Ontario  
this 18th day of November, 2013

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Commissioner for taking affidavits  
(or attorney, or other person  
authorized to swear affidavits)

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Jane Doe