MAGISTRATES COURT OF WESTERN AUSTRALIA **GENERAL FORM OF AFFIDAVIT** CRIMINAL JURISDICTION		
	Court number	
	Magistrates Court at	
	Date filed	

Person making affidavit	I, *(name)*	
	Address	
	Occupation	
	MAKE OATH / AFFIRM AND SAY as follows – (if insufficient space attach further supporting documents)	
Signature of person making affidavit		
Sworn/ affirmed	At	On (date)
	Before	
	Registrar/Justice of the Peace or other authorised witness (Each page is to be dated and signed by the person making the affidavit and the witness)	

Filed by	☐ Prosecutor or prosecutor's lawyer ☐ Applicant ☐ Accused or accused's lawyer ☐ Other			
Address for service	☐ As above ☐ Other (Please specify):			
Contact details	Telephone		Email	
	Facsimile		Lawyer's ref.	