

<b>AFFIDAVIT</b> <b>Protection and Care of Children</b> <i>Children &amp; Community Services Act 2004</i>		<b>File No:</b>
		<b>Date Filed:</b> /     /20
<b>COURT DATE</b>	<b>Court date:</b> /     /20	<b>Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm
<b>Court place:</b> 160 Pier Street, PERTH WA 6000		

<b>FILED ON BEHALF OF</b> <i>(tick one)</i>	<input type="checkbox"/> Communities <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child Representative  <input type="checkbox"/> Other (state relationship to child):
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<b>CHILD 1</b>	Full Name: _____ Date of Birth:     /     / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CHILD 2</b>	Full Name: _____ Date of Birth:     /     / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>CHILD 3</b>	Full Name: _____ Date of Birth:     /     / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CHILD 4</b>	Full Name: _____ Date of Birth:     /     / Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>DEPONENT</b> <i>(Person making the affidavit)</i>	Full Name: _____ Address: _____ Occupation: _____
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<b>EVIDENCE</b> <i>(Divide facts into separately numbered paragraphs. Attach extra pages if you need more space)</i>	
Signature of deponent (person making affidavit)	Signature of witness

<b>SIGNED</b>	I swear / affirm that the contents of this affidavit are true.		
	..... Signature of Deponent	..... Place	..... Date
	Before me		
	..... Signature of Witness	..... Full name of witness	..... Type: JP, Registrar, Lawyer