**AFFIDAVIT OF SERVICE**

**ACT CIVIL AND ADMINISTRATIVE TRIBUNAL**

**IN THE ACT CIVIL & )**

**ADMINISTRATIVE TRIBUNAL )**

………………………………………….

**Matter Number**

BETWEEN: ………………………………………….

 Applicant

 AND: ………………………………………….

 Respondent

1. **Person serving documents**

Full name:…………………………………………………….

Address:………………………………………………………………………………

1. **Person served**

Full name: …………………………………………………….

1. **Time and date served**

Time:………………… Date (DD/MM/YYYY):…………………………….

Location: ……………………………………………………………………………..

1. **What documents were served?**

(Attach copies of all documents served)

Details:

1. **How were they served on the person?** (e.g. in person, emailed, by post, other)

Details:

I swear/affirm that the facts set out above are true.

**Sworn/Affirmed by the deponent** (person making the affidavit)

at……………………………………… …………………………………

Signature of deponent

on (date)……………………………….

**Before me:**

………………………………………..

Signature of witness

………………………………………..

Full name of witness

………………………………………..

Qualification of witness

(Justice of the Peace, Public Notary, Legal Practitioner)