



NUMBER:

Form 19 – Affidavit of Service

Version 1

Applicant: **(NAME OF APPLICANT IN MATTER)**

AND

Respondent: **(NAME OF RESPONDENT IN MATTER)**

Party on whose behalf this document is filed			
Family Name		Given Name	
OR			
Organisation or Company			

Name, address and occupation of person serving the documents			
Family Name		Given Name	
Address			
Occupation			

Person/Organisation/Company served			
Family Name		Given Name	
OR			
Organisation or Company			
AT <i>(give address at which documents were served)</i>			
Address			

Time and Date documents were served			
Time		Date	
What documents were served? <i>(attach copies marked with the letter A)</i>			
How were the documents served? <i>(tick box and complete details)</i>			
<input checked="" type="checkbox"/>	I handed them to the person at the above address		
<input type="checkbox"/>	I attempted to hand them to the person at the above address		
<input type="checkbox"/>	The person refused to accept them. I put them down and left them in the presence of the person and said		
If you handed the documents to the person to be served or put them down in their presence, indicate how you identified the person <i>(tick the box)</i>			
<input type="checkbox"/>	I know the person		
<input type="checkbox"/>	I saw the person sign an acknowledgment that they were the person to be served or authorized to accept service		
<input type="checkbox"/>	I had the following conversation relating to the person's identity		
<input type="checkbox"/>	I left them with, or tendered them to the Secretary of (give name of registered industrial organisation)		
<input type="checkbox"/>	I left them with a person apparently living at the address and who appeared to be 18 years or over.	Name of person	
		At Address:	
<input type="checkbox"/>	I left them in a position where they were reasonably likely to come to the attention of the person to be served because		
(a)	there was no one in attendance at the address	(b)	The address is within a building or area to which I have been denied access
<input type="checkbox"/>	I sent them by [pre-paid ordinary post] [registered post] in an envelope addressed to	Name	
		Address	
<input type="checkbox"/>	I faxed them to	Fax number	

<input type="checkbox"/> Other (<i>give details</i>)	
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I [swear] [affirm] that the facts set out above are true.

Signature	
Name	
Date	

Taken by:

Sworn/Affirmed by the deponent at:	
on:	
Signature	
Print Name	
Date	
Justice of the peace/commissioner for declarations/lawyer/other qualified person	