



Matter No: / /

# Form 20 – Affidavit



Industrial Relations Act 2016, s 989  
Industrial Relations (Tribunals) Rules 2011, r 52, r 53, r 55

## Information

- This form is to be used to prepare an Affidavit.
- Please read this form carefully and complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the non-acceptance of your form.
- Documents which are longer than 30 pages in length must be provided to the Industrial Registry in hard copy before it will be accepted for filing.
- For further information please refer to the website [www.qirc.qld.gov.au](http://www.qirc.qld.gov.au) or contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au).

## Instructions

- Affidavits must comply with the formal requirements for documents in accordance with rules 50 to 57 of the *Industrial Relations (Tribunals) Rules 2011*.
- The affidavit must set out the facts divided into consecutively numbered paragraphs. Each paragraph should be confined to a distinct part of the subject matter.
- This affidavit must be sworn or affirmed before a person authorised by law to witness the swearing of affidavits (e.g. Justice of the Peace, Commissioner for Declarations, Lawyer).
- Each page must be signed by the deponent (person making the affidavit) and the witness (person taking the affidavit).
- ***Attach extra page(s) if you need more space, ensuring that Part 5 containing the signature is always on the last page of the form and that each additional page is signed at the bottom of the page by the deponent and witness.***
- Any handwritten alteration to the affidavit must be initialled by the deponent and witness.
- If this affidavit contains exhibits (document mentioned in the affidavit and used with the affidavit) you will need to complete a **Form 21 - Certificate of Exhibit to Affidavit** for each exhibit (which is also to be signed and witnessed).
- If the affidavit is sworn by a person incapable of reading the affidavit or physically incapable of signing it, the witness must complete the Certificate at Part 6.
- If required by the Court, Commission or Registrar, the deponent must appear to give evidence or for cross-examination.
- The Court, Commission or Registrar may remove or strike out any material contained within the affidavit deemed to be a scandalous or oppressive matter.

Signed: \_\_\_\_\_  
[Signature of the deponent/substitute signatory]

Taken by: \_\_\_\_\_  
[Signature of witness]  
Justice of the Peace/Commissioner for Declarations/Lawyer

## 1. Matter details

<b>Applicant:</b>	

v

<b>Respondent:</b>	

If there are more than two parties to the application, please complete a **Form 1 – Parties list** and file with this form.

<b>This affidavit is filed for the:</b>	<input type="checkbox"/> <b>Applicant/Appellant</b>	<input type="checkbox"/> <b>Respondent (or as the case may be)</b>
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## 2. Contact details of party filing this affidavit

<b>Title [please select]:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other: _____
<b>Name of Party:</b>						
<b>Name of contact person:</b> [if party is an organisation]						
<b>Postal/Service address:</b>						
	Suburb/Town					Postcode
<b>Phone number:</b>			<b>Mobile number:</b>			
<b>Email address:</b>						

## 3. Deponent's details (person making the affidavit)

<b>Title [please select]:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mx	<input type="checkbox"/> Other: _____
<b>Deponent's Name:</b>						
<b>Postal/Service address*:</b>						
	Suburb/Town					Postcode

\* The deponent does not have to give a residential address if they are concerned about their safety. They may give another address at which they are satisfied they will receive documents e.g. a business address.

Signed: \_\_\_\_\_ Taken by: \_\_\_\_\_  
[Signature of the deponent/substitute signatory] [Signature of witness]  
Justice of the Peace/Commissioner for Declarations/Lawyer

#### 4. Evidence

Attach extra pages if you need more space ensuring that Part 5 containing the signature is always on the last page of the form and that each additional page is signed at the bottom of the page by the deponent and witness.

## Affidavit

I, \_\_\_\_\_, of \_\_\_\_\_,  
[insert full name of deponent] [insert residential or business address of deponent\*]

state on oath: **OR**  do solemnly and sincerely affirm and declare, that:

*Insert matters to be sworn or affirmed in numbered paragraphs.*

Signed: \_\_\_\_\_ Taken by: \_\_\_\_\_  
[Signature of the deponent/substitute signatory] [Signature of witness]  
Justice of the Peace/Commissioner for Declarations/Lawyer

## 5. Signature

The contents of this affidavit are true and correct. Where the contents of this affidavit are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and the grounds for the belief and, if contained in a document, I have attached that document to this affidavit.

I understand that it is a criminal offence to provide a false matter in an affidavit, for example, the offence of perjury under section 123 of the Criminal Code.

I state that: [Deponent to complete – **only tick if applicable** – leave blank if not applicable]:

- This affidavit was made in the form of an electronic document
- I electronically signed this affidavit
- This affidavit was made, signed and witnessed under Part 6A (Audio visual link) of the *Oaths Act 1867*.

**SWORN/AFFIRMED BY:**

### Signature of person making the affidavit

Full name of deponent:	
Signature of deponent:	
Sworn/Affirmed at [place]:	
Date:	

### Alternative signature panel if substitute signatory signs

Complete this section only if the affidavit was signed by a substitute signatory (a person directed to sign the affidavit on behalf of the deponent)  
***Signed for and at the direction of the deponent by:***

Full name of substitute signatory:	
Signature of substitute signatory:	
Sworn/Affirmed at [place]:	
Date:	

**BEFORE ME:**

### Witness details

Full name of witness:	
Signature and type of witness:	
	<input type="checkbox"/> Justice of the Peace <input type="checkbox"/> Commissioner for Declarations <input type="checkbox"/> Lawyer
Date:	
Insert name of law practice/place of employment:	

**6. Certificate (pursuant to rule 55 of the *Industrial Relations (Tribunals) Rules 2011*):**

**WITNESS to complete** [only tick if applicable]

***If deponent is incapable of reading or physically signing the affidavit***

- I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit.
- I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit, but was physically incapable of signing it.
- A substitute signatory signed for and at the direction of the deponent.

**7. For Special Witnesses (see s 12 of the *Oaths Act 1867*)**

**SPECIAL WITNESS to complete** [only tick if applicable]

***For special witnesses only:***

- I am a special witness under the *Oaths Act 1867* (see s 12 of the *Oaths Act 1867*).
- This affidavit was made in the form of an electronic document.
- I electronically signed this affidavit.
- This affidavit was made, signed and witnessed under Part 6A (Audio visual link) of the *Oaths Act 1867* - I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.

Signed: \_\_\_\_\_  
[Signature of the deponent/substitute signatory]

Taken by: \_\_\_\_\_  
[Signature of witness]  
Justice of the Peace/Commissioner for Declarations/Lawyer