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| MAGISTRATES COURT of WESTERN AUSTRALIA(CIVIL JURISDICTION) **FORM 35 - AFFIDAVIT VERIFYING DISCLOSURE OF DOCUMENTS** | |
|  | |
| Registry: | Case number: |

|  |  |
| --- | --- |
| **Claimant** |  |

|  |  |
| --- | --- |
| **Defendant** |  |

I, *(full name)*:

of *(address)*:

occupation:

*(\* Select as applicable)*

having been duly \* sworn or affirmed, say on oath or affirmation, the following:

1. The statements made by me in paragraphs 2, 3 and 4 of the list of documents now produced and shown to me marked are true.
2. The statements made by me in paragraph 5 of the said list are true to the best of my knowledge, information and belief.
3. The obligations of disclosure have been fully explained to the \*claimant/defendant or I understand the obligations of disclosure and the consequences of failure to disclose.

4. I am not aware of any documents or objects that are directly relevant to the matters in dispute that have not already been disclosed by the \*claimant/defendant.

SWORN or AFFIRMED

at ……………………………………………………………………………………………………….......……….

this …………………….. day of ……………………………………………………….. 20…………...……...…

in the presence of .......................................................................................................................................................

………………………………....................................... …………………………………………….…..

Registrar/Justice of the Peace/other authorised witness Deponent

*Lodging party must complete all fields below including the address for service.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lodged by | Claimant or Claimants Lawyer  Defendant or Defendants Lawyer  Other . | | | |
| Address for service |  | | | |
| Contact details | Telephone: | Lawyer’s ref: | Fax: | E mail: |