

Affidavit of Service



In the Family Court at *(Court location)*

FAM



Advice If you need help to complete this form, consult a lawyer, check the Ministry of Justice website, call the Ministry of Justice call centre, or contact an office of the Family Court.

Ministry of Justice website: <http://www.justice.govt.nz> **Ministry of Justice call centre:** 0800 268 787



Note:

The applicant's address may be omitted from the front page where the applicant has asked for this information to be kept confidential.



Applicant

Full name

Home
Address

Occupation

Respondent

Full name

Home
Address

Occupation

Associated Respondent (if applicable) *(Leave this section blank if it does not apply.)*

Full name

Home
Address

Occupation

COURT USE ONLY:

Date document is filed: (Court stamp)

This document is filed by:

Name

Address
for service*

If filed by lawyers:

Name of acting lawyer

Contact number



Affidavit of Service by: Name of deponent (person whose Affidavit this is):

I, *(full name)*

Swear/affirm that:

1. On *(date)* at *(time)*,

I served on *(full name)*

the respondent (or the associated respondent) a copy of *(select one)*

A Temporary Protection Order **or** A Final Protection Order

annexed to this Affidavit and marked with the letter **A** by delivering it to the

respondent **or** the associated respondent

personally at *(address)*.

2. At the same time, I served on the

respondent **or** the associated respondent

a copy of *(specify document)*

annexed to this Affidavit and marked with the letter **B** by delivering it to him (or her) personally at *(address)*

3. Select the option(s) that applies

The respondent (or associated respondent) **is** personally known to me by reason of the following facts:
(state facts establishing personal knowledge).

OR

The respondent (or associated respondent) **is not** personally known to me, but I believe that the person I served was the respondent (or associated respondent) by reason of the following facts:
(state facts on which the respondent relies).

Signature of deponent: *(person whose affirmation or affidavit this is)*

Sworn/affirmed at *(place)*

this *(date)*

D	D	M	M	Y	Y	Y	Y
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before me

(Registrar/Deputy Registrar or Justice of the Peace or a solicitor of the High Court of New Zealand)