

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



AFFDAVIT FOR A PERSON TO ACT AS LITIGATION GUARDIAN

Applicant

Respondent

On _____
(date)

I _____
(full name of person making the affidavit)

Of _____
(home or business address or place of employment),

*[say on oath/ solemnly affirm]-

1. I make this affidavit as (state capacity in which person makes the affidavit)
2. (Name), of (address), has agreed to be the litigation guardian of the
*respondent/applicant]
3. (Name) is an appropriate person to be a litigation guardian.
4. (Name) has no interest in proceeding adverse to the interest of the
*[respondent/applicant]

*[Sworn/Affirmed] by _____
(full name)

(signature of person making the affidavit)

At _____
(place)

in the presence of:

(signature of person before whom affidavit is made)

(Full name of person before whom affidavit is made)

of _____
(Address)

*[Justice of the Peace/Barrister/Solicitor/(other)]

**omit if, or whichever is inapplicable*