Childrens Court of Queensland

Form 25

*Childrens Court Act 1992*

*Childrens Court Rules 2016*, r 83

|  |  |
| --- | --- |
| Registry: |  |
| Number: |  |

**AFFIDAVIT OF SERVICE OF (Insert Name)**

**SWORN/AFFIRMED on (Insert Date)**

**Child/ren**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Name |  |  |

**Applicant**

|  |  |
| --- | --- |
| Name | Director of Child Protection Litigation |

**First Respondent**

|  |  |  |
| --- | --- | --- |
| Name |  | Mother |

**Second Respondent**

|  |  |  |
| --- | --- | --- |
| Name |  | Father |

An application for a child protection order was made by the Director of Child Protection Litigation in the Childrens Court at [location] on [date] in relation to the above-named child/ren.

I, [name] Child Safety Officer, [location] Child Safety Service Centre, [street address] in the State of Queensland, state on oath / solemnly and sincerely affirm and declare the following matters:

*Service of updating affidavit – personal service - delete this heading before signing.*

1. On [day and date] at [time] I served the First Respondent [name] with the following document filed in the proceedings:
	1. Sealed Form 25 updating affidavit of [name] regarding [subject child’s name/s] filed on [date].
2. I served the documents by personally giving the document/s to [name] at the [address].
3. I identified the person to which the document was served by:
	1. knowing [name] as I have meet them before in my case management for the family since [date], and she/he has identified herself/himself as the mother/father of [insert child’s/children’s name/s] and/or
	2. I sighted photo identification from [name], namely a copy of their [identification] which confirmed they were the respondent mother/father.

*Service of updating affidavit – service by email - delete this heading before signing.*

1. I served the Sealed Form 25 updating affidavit of [name] regarding [subject child’s name/s] filed on [date] by:
	1. On [day and date] at [time] sending the documents to an email address [name] previously provided to me;
	2. I have previously emailed this address and received emails from [name] from this address; and
	3. On [day and date] at [time], I called/received a phone call from [name] confirming she/he had received the documents.

*Service of updating affidavit – service by post - delete this heading before signing*

1. I effected service of the Sealed Form 25 updating affidavit of [name] regarding [subject child’s name/s] filed on [date] by:
	1. On [day and date] I arranged for the document/s to be sent by registered post to [name] at [address], which she/he has previously provided to me and which I have used to successfully send letters to her/him; and
	2. On [day and date] at [time] I rang [name] and he confirmed she/he had received the document/s.

*Service of updating affidavit – Substituted service – delete this heading before signing*

1. I have made the following attempts to personally serve the Form 25 affidavit material:
	* 1. *[Include details of date and time of all attempted to serve documents].*
2. Based on my attempts, I am of the view that it is not practicable to personally serve [name] for the following reasons:
	* 1. *[Include reasons why it is a practical impossibility to effect personally service – e.g. safety risks, attempted multiple times and the parent is avoiding child safety, parent lives overseas etc.].*
3. It is not practicable to leave them at or post the documents to the last known residential address for [name] or to send by email for the following reasons:
	* 1. *[Insert reason why we cannot send or leave documents at the last known address (e.g. that we know they have moved or DV concerns)]*.
4. An alternative method to serve the parent would be to:
	* 1. Include proposed method, e.g. email/leave with relative; and
		2. I believe the documents would be received by [name] if they were [method of proposed substitute service] because [*insert reasons , e.g. they have advised me that this is their email address and they are happy to receive emails/I have previously received emails form this address, or they visit their [insert name of family member once every x weeks/ regularly].*
5. I told the subject child [name] about the application on [day and date] at [time] *OR* Given the subject child [name]’s age, being [age] or ability to understand which is impacted by [insert any disability/impairment] I did not consider that it was reasonably appropriate to advise the child about the application, as they would not understand the proceedings.

 **Delete if not yet done but must be done asap and included in next affidavit**

*Attempted service – parent’s whereabouts unknown - delete this heading before signing*

1. I have made the following attempts to locate the First/Second Respondent [name] for the purpose of serving her/him with the affidavit material :
	1. On [day and date] I sent a Centrelink requesting seeking telephone and address details for [name]. On [day and date], I received a response from Centrelink advising of [name]’s address and telephone number as at [date].
	2. Between [date] and [date], I made [number] attempts to telephone [name] on the phone number provided by Centrelink. On each occasion I reached a pre-recorded message stating the number was disconnected/got no answer. I left a message to return my call and no return calls were received from [name].
	3. On [day and date], I sent a letter to [name] at the address provided by Centrelink requesting [name] contact me. A copy of this letter is attached and marked ‘Exhibit 1’. I have not received a response to this letter.
	4. On [day and date] I went to the address of [name] as provided by Centrelink. I was advised by the occupant that [name] last resided at this address [date] and they had no forwarding address.
	5. On [day and date], I requested details of [name]’s address from Queensland Police Service. On [day and date] I received a response providing the most recently listed address for [name], which is the same address as provided by Centrelink.
	6. On [day and date] I spoke to the first/second respondent [name of other parent] as to any details they had for [name] of [name’s] family who may know of his whereabouts.
	7. On [date] I telephoned [name]’s who advised she/he does not have any contact details for [name].
2. I am of the view that there are no further enquiries that can be made to locate [name].
3. After the reasonable enquiries outlined in Paragraph 1, [name]’s whereabouts have not been able to be ascertained and, as such, I have not been able to serve him/her with material filed in these proceedings.
4. I told the subject child [name] about the application on [day and date] at [time] *OR* Given the subject child [name]’s age, being [age] or ability to understand which is impacted by [insert any disability/impairment], I did not consider that it was reasonably appropriate to advise the child about the application, as they would not understand the proceedings.

**Delete if not yet done but must be done asap and included in next affidavit**

|  |
| --- |
| **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 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:

1. This affidavit was made in the form of an electronic document.\*1
2. This affidavit was electronically signed.\*2
3. This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*.\*3

*(\*delete whichever statements are not applicable)*

|  |  |  |
| --- | --- | --- |
| **SWORN / AFFIRMED** by …………………………………….[insert full name of deponent] at ……………………………….[insert place where deponent is located] **Signed for and at the direction of the** **deponent by\***………………………………………………[insert full name of substitute signatory]\***\****delete if not applicable* | )))))))) | ……………………………………. [signature of deponent /substitute signatory\*]…………………………………….[date] |
| **BEFORE ME:**…………………………………….[insert full name of witness] …………………………………….[insert type of witness]4…………………………………….[insert name of law practice / witness’s place of employment]\*5 \**delete if not applicable* | )))))))))))) | …………………………………. [signature of witness] …………………………………….[date] |
|  |  |
|  |  |
| ***WITNESS to complete – Tick as applicable*** |
| ***If deponent is unable to sign 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. 6 |
| 🞏 | 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. 7 |
| 🞏 | A substitute signatory signed for and at the direction of the deponent.8 |
| ***For special witnesses only*** |
| 🞏 | I am a **special witness** under the *Oaths Act 1867*.*(see section 12 of the Oaths Act 1867)* |
| 🞏 | This affidavit was made in the form of an electronic document.9 |
| 🞏 | I electronically signed this affidavit.10 |
| 🞏 | This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867* – I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.11 |

|  |  |
| --- | --- |
| Full name | Director of Child Protection Litigation  |
| Role in proceeding | Applicant  |
| Contact person / lawyer |  |
| Postal address | GPO Box 2939 Brisbane Q 4001 |
| Phone | 3738 9180 |
| Fax  | 3738 9182 |
| Email  | enquiries@dcpl.qld.gov.au  |

***The footnotes are to assist in the completion of this form and should be deleted once complete.***

Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867.* Do not include this statement if you signed the document on paper.

Include this statement if the affidavit was made over audio visual link.

Insert the witness’s capacity that makes them eligible to witness the affidavit, including as a special witness under section 16C or part 6A of the *Oaths Act 1867*. For example, Australian legal practitioner, lawyer, justice of the peace, commissioner for declarations, notary public, a justice of the peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the *Oaths Act 1867*, government legal officer, etc.

For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.

Tick this box if you consider that the deponent is incapable of reading the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(1). Note that if you tick this box, the only signature on this affidavit should be your signature.

Tick this box if you consider that the deponent is physically incapable of signing the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(2). Note that if you tick this box, the only signature on this affidavit should be your signature.

Tick this box if the deponent directed a substitute signatory to sign for them.

Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the deponent.

Tick this box if you electronically sign the affidavit using an accepted method under the *Oaths Act 1867.* Do not include this statement if you signed the affidavit on paper.

1. Tick this box if the affidavit was made over audio visual link.