**IN THE SUPREME COURT OF VICTORIA AT MELBOURNE**

***[DIVISION]***

***[LIST]***

 **No.**

**B E T W E E N**

Applicant

-and-

Respondent

**AFFIDAVIT IN SUPPORT OF DIVORCE SEARCH APPLICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Document: Solicitors Code:

Filed on behalf of: DX:

Prepared by: Telephone:

 Ref:

 Email:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, *[full name]* of *[insert address],* *[insert occupation],* make oath and say ***or*** affirm:

That I am the applicant in this matter and I make this affidavit from my own knowledge unless otherwise stated.

1. **What is your association, if any, to the parties in the divorce proceeding?**
2. **Are the parties, including any co-respondent, of the divorce deceased? If not, have they been notified of your application?**
3. **Are you aware of any children of the marriage relating to this divorce proceeding? If so, have they been notified of your application?**
4. **For what purpose do you seek access to the divorce file?**
5. **In what way do you perceive that access to the divorce file will further this purpose?**
6. **If this application is granted how do you intend to use the information you have requested? Is it to be distributed further in any way and if so how and to whom?**
7. **Who, if anyone (not listed above), may have an interest in the file or in the application? If there is any such person, have they been notified of the application?**

**The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offences of perjury.**

Sworn or Affirmed at [*place*]

in the State of Victoria on [*date*]

[*signature of person swearing or affirming the affidavit contents, to be signed in front of the authorised affidavit taker*]

Before me,

[*signature of authorised affidavit taker*]

on [*date*]

[*name, statement of the capacity in which the authorised affidavit taker has the authority to take the affidavit, and personal or professional address in legible writing, typing or stamp*]

A person authorised under section 19(1) of the **Oaths and Affirmations Act 2018** to take an affidavit.