**AN CHÚIRT DÚICHE**
**THE DISTRICT COURT**

**District Court Area of District No.**

**RECORD NUMBER ……………….**

**BETWEEN**

**………………. CLAIMANT(S)**

**And**

**……………… RESPONDENT(S)**

**AFFIDAVIT**

I, ………………………..…., [Occupation]………..……………, of ………………………………. in the County of…………. being aged 18 years and upwards MAKE OATHand say as follows:

1. ……
2. ……
3. ……
4. ……

Sworn before me by the said …………………….

Deponent/Witness Signature: on the .. day of  ……….., 20.… at ……………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the city/county of …………………. before me \* a Commissioner for Oaths /\*Practicing Solicitor and the deponent \*is personally known to me/\*is identified to me by /\*whose identity has been established by reference to a relevant document [insert particulars of document] containing a photograph

*\* Delete text if not relevant*