**Form 1**

**QUEENSLAND**

***Oaths Act 1867***

**STATUTORY DECLARATION**

I, NAME, of ADDRESS in the State of Queensland, Solicitor, do solemnly and sincerely declare as follows:

1. I am accredited by Legal Aid Queensland as a Domestic & Family Violence Duty Lawyer.
2. On the DAY of MONTH YEAR, APPLICANT NAME attended the Magistrates Court at LOCATION, in my company and observed me in the execution of my duties as Domestic & Family Violence Duty Lawyer.
3. (Add any further sessions, delete if not applicable)
4. On the DAY of MONTH YEAR, APPLICANT NAME attended the Magistrates Court at LOCATION, in my company and acted as Domestic & Family Violence Duty Lawyer under my supervision.
5. (Add any further sessions, delete if not applicable)
6. I certify the above-named practitioner is capable of providing stand-alone Domestic and Family Violence Duty Lawyer services.

and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

**I declare that the contents of this statutory declaration are true and correct. Where the contents of this declaration 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.**

**I understand that it is a criminal offence to provide a false matter in a declaration, for example, the offence of perjury under section 123 of the Criminal Code.**

I state that this declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867.*

|  |  |
| --- | --- |
| **DECLARED** by  |  |
| ……………………………………. | …………………………………… |
| [insert full name of declarant]  | [signature of declarant] |
| at ………………………………… | …………………………………… |
| [insert place where declarant is located]  | [date] |
|  |  |
| In the presence of: |  |
| ……………………………………. | …………………………………… |
| [insert full name of witness]  | [signature of witness] |
| at ………………………………… | …………………………………… |
| [insert type of witness]  | [date] |
| ……………………………………. |  |
| [insert name of law practice / place of employment]  |  |