Form P50

Affidavit of Amount Payable

### About this form

* This is a form for swearing an affidavit in the South Australian Employment Tribunal in relation to an amount payable arising out of employment or a pecuniary penalty for any breach of employment conditions between the applicant and respondent in accordance with section 230 of the *Fair Work Act 1994*.
* All signatories to the Affidavit must sign the footer on every page

# Existing Case details

Provide details of the case that this application relates to.

|  |  |  |
| --- | --- | --- |
| SAET Case number |  | Name of the party lodging this form |
|  |  |  |
| Names of parties to this case (as per SAET correspondence) |
|  |

# Oath or Affirmation

|  |  |
| --- | --- |
| **I,** |  |
|  | (Full name) |
| **of** |  |
|  | (Address) |

**do solemnly and sincerely declare and affirm OR make oath to say:**

1. That on the ­­­­\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ an order was made by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the South Australian Employment Court that

the respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pay the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

the sum of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_.\_\_)

within \_\_\_\_\_\_\_\_\_\_\_ days.

1. That, as of this date, the sum of $\_\_\_\_\_\_\_.\_\_ has not been paid to me.
2. That the sum of $\_\_\_\_\_\_\_.\_\_ is due and owing to me.
3. I depose to the facts herein of my knowledge except where otherwise appears.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Signature) |  | (Date) |

**Sworn / Affirmed before:**

|  |
| --- |
| ☐ Justice of the Peace ☐ Commissioner for taking Affidavits  |
|  |
| (Full name) |
|  |
| (Address) |
|  |  |  |
| (Signature) |  | (Date) |

Also, when applicable, details of translator / reader:

|  |
| --- |
| ☐ Translator ☐ Reader  |
|  |
| (Full name) |
|  |
| (Address) |
|  |  |  |
| (Signature) |  | (Date) |

LODGING YOUR COMPLETED FORM

The person lodging this form must send a copy to all other parties to the case.

|  |  |  |
| --- | --- | --- |
| Name of person lodging the application |  | Date |
|  |  |  |

To lodge your completed form and any supporting attachments:

1. **Save the form and any supporting attachments to your computer** (Note – SAET does not require a signed version so there is no need to print and scan)
2. **Lodge the form and any supporting attachments:**
	* **Online** at[www.saet.sa.gov.au/existingcase](http://www.saet.sa.gov.au/existingcase) (preferred); or
	* **By email** to saet@sa.gov.au