

*For court use only*

Claim No.

Issue date

**IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN**

**CIVIL DIVISION**

Seal

**ORDINARY PROCEDURE**

In the estate of		deceased (Probate)
Parties		
		Claimant(s) (Full name(s) & address(es))
		Defendant(s) (Full name(s) & address(es))
Brief details of claim (use numbered paragraphs)		

Name and address (including postcode) of defendant on whom copy of the claim form is to be served	£	
	Amount claimed	
	Court fee	
	Coroner's fee	
	Advocate's costs	
Total amount		
<p><b>Particulars of claim [to follow]</b> (use numbered paragraphs)</p> <p>If you need to continue on a separate sheet please use the prescribed form – 'HCC CONTINUATION SHEET'</p>		
<p><b>Statement of truth</b></p> <p>[I believe] [The Claimant believes] that the facts stated in this claim form are true. [I am duly authorised by the claimant to sign this statement]</p> <p>Full name of [claimant] [‘s advocate]* * delete as appropriate</p> <p>Signed</p> <p style="text-align: right;">[Claimant] [‘s advocate] [Litigation friend] delete as appropriate</p>		
Date		
Claimant's or claimant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:	Telephone no.	
	Fax no. (if appropriate)	
	E-mail (if appropriate)	
	Reference (if any)	