

Claim No.

[Empty box for Claim No.]

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

**CIVIL DIVISION**

**CHANCERY PROCEDURE**

Parties

[Empty box for Claimant(s)]

Claimant(s)

[Empty box for Defendant(s)]

Defendant(s)

[Empty box for Interested Party(ies)]

Interested Party(ies)

Please enter the full name of the defendant/interested party (a) if there is more than one defendant/interested party or (b) if different from the name given on the claim form.

Enter an 'X' in the appropriate box below

- I do not intend to contest this claim
- I intend to contest the amount of costs claimed but not the making of an order for costs
- I intend to contest the making of an order for costs
- I intend to seek a different remedy
- I intend to dispute the court's jurisdiction

If the defendant is an individual, give date of birth (or over 18) here

[Empty box for date of birth]

Signed (type or print full name here)  [Defendant] ['s advocate] [Litigation friend] delete as appropriate	
Position or office held (if signed on behalf of a company or other corporation):	
Date	
Defendant/Interested Party or defendant's/interested party's advocate's address in the Isle of Man (including postcode) to which documents should be sent:	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)