

Claim

No.

[Empty box for Claim No.]

IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION

Seal

CHANCERY PROCEDURE

[Arbitration claim] [Intended arbitration] between

Parties

[Empty box for Claimant(s)]

Claimant(s)

[Empty box for Defendant(s)]

Defendant(s)

Please enter the full name of the defendant (a) if there is more than one defendant 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 defend this claim

I intend to defend this claim [and intend to seek the following remedy(ies):

I intend to dispute the court's jurisdiction

I intend to rely on written evidence

My written evidence:

is filed with this form

will be filed and served within 21 days after the date by which I am required to file this acknowledgment of service.

All written evidence whether in a witness statement or an affidavit must be typed

Signed

(type or print full name here)

[Defendant] ['s advocate] [Litigation friend] delete as appropriate

Date

[Empty box for Date]

Defendant or defendant'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)