

Claim No.

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

	PROCEDURE	
Parties		
<table border="1" style="width: 80%; margin: auto;"> <tr> <td style="height: 40px;"></td> </tr> </table>		Claimant(s)
<table border="1" style="width: 80%; margin: auto;"> <tr> <td style="height: 40px;"></td> </tr> </table>		Defendant(s)
<p>If there is more than one defendant please enter the full name(s) of the defendant(s) you are filing this request against:</p>		
<ul style="list-style-type: none"> Enter an 'X' in box A, B or C. If you tick box C complete the further details below. Make sure that all the case details are given. Remember to sign and date the form. Your signature certifies that the information you have given is correct. Return the completed form to the Courts Office. 		
A	<input type="checkbox"/> The/Each defendant(s) has/have filed an admission to my claim but has not made an offer of a specified amount.	
B	<input type="checkbox"/> The/Each defendant(s) has/have filed an admission to my claim and has made an offer of a specified amount, which I do not accept.	
<p>I request judgment to be entered against the defendant for an amount to be decided by the Court and costs.</p>		
C	<input type="checkbox"/> The/Each defendant(s) has/have filed an admission to my claim and has offered the amount specified below in satisfaction, which I accept.	
<p>I request judgment to be entered against the defendant(s) for the net amount specified below and costs.</p>		
Amount offered in satisfaction		
less: payments already made		
Net amount of judgment		

I certify that the information given is correct

Signed

(type or print full name here)

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

Position or office held (if signed on behalf of a company or other corporation)

Date