

<i>For court use only</i>
Issue date
Claim No.

IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION

Seal

	PROCEDURE
Parties	
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Claimant(s) (Full name(s) & address(es))
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Defendant(s) (Full name(s) & address(es))
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Additional Claimant(s) (Full name(s) & address(es))
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	Additional Defendant(s) (Full name(s) & address(es))
If there is more than one additional claimant please enter the full name of the additional claimant filing this form:	

Brief details of claim
(use numbered paragraphs)

Value of claim

Name and address (including postcode)
of additional defendant(s) on whom copy
of the claim form is to be served

£

Amount claimed	
Court fee	
Advocate's costs	
Total amount	

Particulars of claim
(Use numbered paragraphs)

If you need to continue on a separate sheet please use the prescribed form – 'HCC CONTINUATION SHEET'

<p>Statement of truth</p> <p>[I believe] [The additional claimant believes] that the facts stated in this claim form are true.</p> <p>[I am duly authorised by the additional claimant to sign this statement]</p> <p>Full name of [additional claimant]['s advocate]* *delete as appropriate</p> <p>Signed</p> <p>[Additional Claimant] ['s advocate] [Litigation friend] delete as appropriate</p>	
<p>Position or office held (if signed on behalf of a company or other corporation) (For 'Small Claims Procedure' only)</p>	
Date	
<p>Additional claimant's or additional claimant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:</p>	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)