

Claim No.

[Empty box for Claim No.]

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

[Empty box] **PROCEDURE**

Parties

[Empty box for Claimant(s)]

Claimant(s)

[Empty box for Defendant(s)]

Defendant(s)

If you are acting —

- for a minor, you must serve a copy of the completed form on a parent or guardian of the minor, or if there is no parent or guardian, the carer or other person with whom the minor lives
- for a patient, you must serve a copy of the completed form on one of the following persons with authority in relation to the patient as —
 - the attorney under a registered enduring power of attorney
 - the receiver appointed by the High Court
 - if there is no attorney or receiver, an adult with whom the patient resides or in whose care the patient is.

You must send the completed form to the Courts Office —

- if you are acting for the claimant, with the claim form
- if you are acting for the defendant, when you take the first step on the defendant's behalf in the claim

You must also complete and send to the Courts Office a certificate of service (form HC10 obtainable from the Courts Office).

You do not need to complete this form if you are a receiver appointed by the High Court with power to conduct proceedings on behalf of the patient.

I consent to act as litigation friend for the claimant
 the defendant

I believe that the above named person is a

- minor
- patient (give your reasons below* and attach a copy of any medical evidence in support)

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

I undertake¹ to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

*Set out your reasons here

(use numbered paragraphs)

Full name	Surname Forenames
Address in the Isle of Man to which documents are to be sent	
I certify that the information given in this form is correct	
Date	Signed (type or print full name here)

¹ Indicate this paragraph if acting on behalf of defendant