

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) name]

Claimant(s)

[Empty box for Defendant(s) name]

Defendant(s)

If there is more than one claimant/defendant please enter the full name of the claimant/defendant filing this form:

To the [defendant] [claimant] ['s advocate]
delete as appropriate

I certify that

- 1. notice of commencement
- 2. the bill of costs and
- 3. a copy of the document giving the right to detailed assessment

were served on the paying party [and]

on (date)

Copies of 1. and 3. are attached.

I also certify that I have not received any points of dispute and that the time for receiving them has now elapsed.

I now request the court to issue a certificate for the amount of the bill of costs plus such fixed costs and court fees as are appropriate in this case.

Date	Signed
Name and address in the Isle of Man (including postcode)	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)