

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: 80px;"></td> </tr> </table>		Claimant(s)
<table border="1" style="width: 80%; margin: auto;"> <tr> <td style="height: 80px;"></td> </tr> </table>		Defendant(s)
If there is more than one claimant/defendant please enter the full name of the claimant/defendant filing this form:		
I certify that notice of commencement was served on the [defendant] [claimant] on <small>delete as appropriate</small>		
I request the Court to arrange an assessment hearing		
I enclose copies of:		
<input type="checkbox"/> the document giving the right to detailed assessment;		
<input type="checkbox"/> a copy of the notice of commencement;		
<input type="checkbox"/> the bill of costs;		
<input type="checkbox"/> the paying party's points of dispute, annotated as necessary in order to show —		
(1) which items have been agreed and their value and		
(2) which items remain in dispute and their value;		
<input type="checkbox"/> points in reply (if any);		
<input type="checkbox"/> a statement giving the names, addresses for service and references of all persons to whom the court should give notice of the hearing;		
<input type="checkbox"/> the relevant details of any additional liability claimed;		

<input type="checkbox"/> a copy of all the orders made by the court relating to the costs of the proceedings which are to be assessed;					
<input type="checkbox"/> any receipts or accounts for disbursements relating to items in dispute;					
<input type="checkbox"/> [where advocates' costs are disputed] the client care letter delivered to the receiving party or the advocates' retainer.					
I estimate that the hearing will take			hours		minutes
Date		Signed			(type or print full name here)
Name and address in the Isle of Man (including postcode)		Telephone no.			
		Fax no. (if appropriate)			
		E-mail (if appropriate)			
		Reference (if any)			