and note in particular the evidence

IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

Fees and Duties Act 1989 Rules of the High Court 2009

FEE REMISSION IS NOT AVAILABLE FOR PERSONS WHO ARE LEGALLY **REPRESENTED**

Part 1 – About the case		
Case or Claim number		
What is the title or number of the form you need the court to issue?		
Name of claimant(s)/applicant(s)		
Name of defendant(s)/respondents(s)		
Part 2 – Your details		
Title	Mr Mrs Miss Ms Other	
Surname/family name		
First and middle names		
Your address		
Date of birth		
Part 3 – Financial Means based on	permitted Isle of Man benefits	
Do you receive any of these Isle of Man state benefits?	Employed Person's Allowance	
	Income Support	
(please read the guidance note for more information on how to complete this section	Income Based Job Seekers Allowance	

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	1			
requirements)	If you have ticked any of the above boxes Go to Part 5			
Part 4 — Financial Means based on Significant and Exceptional Hardship				
Basis of hardship (note that the Chief Registrar may in some instances defer this decision if it is felt that a decision may be more accurately made at a future point in time)	I am not in receipt of any of the benefits stated in Part 3. I seek remission of the fee on the basis of my limited means (please provide details here and submit means evidence to support the position such as copy bank statements, wage slips etc.):-			
Part 5 – Fees Remission – Deferral in relation to Fees at 4 and 7 of the current Court Services Fees Order only				
The fees at 4 and 7 of the current Court Services Fees Order are eligible for deferral only. If you wish to apply for deferral of those fees, please identify in this section (having already completed Parts 3 or 4 as appropriate) why you are unable to pay the fee now and when you will make payment."	I wish to have the fee(s) deferred. If this option is selected, you must indicate here why and at what point the fee will be paid:			

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Part 6 – Declaration

You must tick each means that you have understood the dec	ve read and	I have provided documentary exstatements. I understand this application will provide the evidence. I understand that this application fail to disclose any relevant facts I am not legally represented	ll be refused if I fail to	
Part 7 – Statement of truth				
I believe that the facts and information state in this application are true.				
Signature			Date	
Full name of claimant/applicant				

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