This Application will be heard at the time stated to the right at the Isle of Man Courts of Justice, Deemsters Walk, Bucks Road, Douglas Isle of Man IM1 3AR.

**IF YOU DO NOT ATTEND, A DOMESTIC ABUSE PROTECTION ORDER MAY BE MADE AGAINST YOU.**

*For Court use only*

Case Reference.

Issue Date

Date & Time of First Hearing

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **IN A COURT OF SUMMARY JURISDICTION** | | | | |
|  | **IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN**  **CIVIL DIVISION** | | | | |
|  | insert procedure type | | **PROCEDURE** | | |
| Parties | |  | | |  |
|  | | insert applicant(s) name  Address  Address  Address  Address  Address | | | Applicant(s) name & address |
|  | |  | | |  |
|  | | insert respondent(s) name  Address  Address  Address  Address  Address | | | Respondent(s) name & address |
|  | |  | | |  |
|  | | insert connected tenant(s) name  Address  Address  Address  Address  Address | | | Connected Tenant(s) name & address if applicable |
|  | |  | | |  |
| Name and Address of person for whose protection a Domestic Abuse Protection Order is sought (the “**Complainant**”) if different from the Applicant  insert name of person filing this form | | | | | |
| **External Party Application – Request for Leave**  Is this Application being made under section 15(2)(d) of the Domestic Abuse Act 2020?  YES  NO  **If ‘YES’ state the reasons why you request leave to make this Application**  TEXT | | | | | |
| **Details of how the Complainant and the Respondent are personally connected**  TEXT | | | | | |
| **Concise Reasons for the Application**  TEXT | | | | | |
| **Details of any requirements, prohibitions or restrictions which the Applicant seeks on the Respondent or any prohibition under section 22(5)(a) or (d) of the Domestic Abuse Act 2020 on any Connected Tenant.**  TEXT | | | | | |
| Is the Application to be made  WITH  WITHOUT NOTICE TO THE RESPONDENT & CONNECTED TENANT | | | | | |
| **If the Application is to be made without notice state the reasons why:**  TEXT | | | | | |
| **Statement of truth**  [I believe] [The Applicant believes] that the facts stated in this claim form are true.  delete as appropriate | | | | | |
| **Signed**  [Applicant] ['s advocate] [Litigation friend] delete as appropriate | | | | | |
| Name of Applicant’s Advocates’ Firm TEXT | | | | | |
| Date TEXT | | | |  | |
| Applicant's or Applicant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:  Address  Address  Address  Address  Address  Address  Address | | | | Telephone No.  TEXT | |
| Fax No. (if appropriate)  TEXT | |
| E-mail (if appropriate)  TEXT | |
| Reference (if any)  TEXT | |