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|  | **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 | | | Applicant(s) name |
|  | |  | | |  |
|  | | insert respondent(s) name | | | Respondent(s) name |
|  | |  | | |  |
|  | | insert connected tenant(s) name | | | Connected Tenant(s) name |
|  | |  | | |  |
| Name of person for whose protection a Domestic Abuse Protection Order is sought (the “**Complainant**”) if different from the Applicant  insert name of person | | | | | |
| Name of person completing this Answer Form if more than one Respondent or Connected Tenants.  insert name of person | | | | | |
| **Answer to the Application for a Domestic Abuse Protection Order**  TEXT | | | | | |
| **Statement of truth**  [I believe] [The Respondent believes] [The Connected Tenant believes] that the facts stated in this claim form are true.  delete as appropriate | | | | | |
| **Signed**  [Respondent] [Connected Tenant] ['s advocate] [Litigation friend] delete as appropriate | | | | | |
| Name of [Respondent’s] [Connect Tenant’s] Advocates’ Firm TEXT | | | | | |
| Date TEXT | | | |  | |
| [Respondent’s] [Connect Tenant’s] address / 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 | |