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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  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 | | | | | |
| **Date when Domestic Abuse Protection Order was made** (if applicable)  TEXT | | | | | |
| **Full name of person or entity making this specific application (identifying if you are the Applicant, Respondent, Complainant or a Connected Tenant in the substantive Application)**  TEXT | | | | | |
| **Description of Order applied for**  TEXT | | | | | |
| **State briefly why the Order is applied for**  TEXT | | | | | |
| **Is this Application to be made**  WITH  WITHOUT NOTICE TO THE OTHER PARTIES | | | | | |
| **If this Application is to be made without notice state the reasons why:**  TEXT | | | | | |
| **State how you wishes the application to be dealt with**  At a hearing  Without a hearing  At a telephone hearing  **How long is the hearing expected to last?**  TEXT Hours TEXT Minutes  **Is the time estimate agreed by all parties?** TEXT  **Give details of any existing fixed hearing date(s)** TEXT | | | | | |
| **Evidence in Support**  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 | |