|  |
| --- |
|[ ]  **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) nameAddressAddressAddressAddressAddress | Applicant(s) name & address |
|  |  |  |
|  | insert respondent(s) nameAddressAddressAddressAddressAddress | Respondent(s) name & address |
|  |  |  |
|  | insert connected tenant(s) nameAddressAddressAddressAddressAddress | 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 Applicantinsert 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:AddressAddressAddressAddressAddressAddressAddress | Telephone No.TEXT |
|  | Fax No. (if appropriate)TEXT |
|  | E-mail (if appropriate)TEXT |
|  | Reference (if any)TEXT |