



I believe that the above named person is a

- minor
- patient (give your reasons below\* and attach a copy of any medical evidence in support)

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

I undertake<sup>1</sup> to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

\*Set out your reasons here

(use numbered paragraphs)

Full name	Surname Forenames
Address in the Isle of Man to which documents are to be sent	
I certify that the information given in this form is correct	
Date	Signed (type or print full name here)

<sup>1</sup> Indicate this paragraph if acting on behalf of defendant