

*For court use only*

Claim No.

Issue date

**IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN  
CIVIL DIVISION  
CHANCERY PROCEDURE**

Seal

Claim for review of decision of

Parties

--

**Claimant(s)**  
(Full name(s) & address(es))

--

**Defendant(s)**  
(Full name(s) & address(es))

--

**Interested Party / Parties**  
(Full name(s) & address(es))

Details of decision to be reviewed

Name of person, court or tribunal	
-----------------------------------	--

Date of decision	
------------------	--

Brief description of decision	
-------------------------------	--

Remedy sought																	
<p>Detailed statement of grounds (use numbered paragraphs)</p> <p>(If you need to continue on a separate sheet please use prescribed form - 'HCC CONTINUATION SHEET')</p>																	
<p>Statement of facts relied on (use numbered paragraphs)</p> <p>(If you need to continue on a separate sheet please use prescribed form - 'HCC CONTINUATION SHEET')</p>																	
<p>Documents accompanying claim form</p> <table><tr><td>Statement of grounds</td><td><input type="checkbox"/></td></tr><tr><td>Application to extend the time limit for filing the claim form</td><td><input type="checkbox"/></td></tr><tr><td>Application for directions</td><td><input type="checkbox"/></td></tr><tr><td>Any written evidence in support of the claim or application to extend time</td><td><input type="checkbox"/></td></tr><tr><td>Where the claim relates to a decision of a court or tribunal, a copy of the reasons (if any) given by such court or tribunal for its decision.</td><td><input type="checkbox"/></td></tr><tr><td>Copies of any documents on which the claimant proposes to rely</td><td><input type="checkbox"/></td></tr><tr><td>Copies of any relevant statutory material</td><td><input type="checkbox"/></td></tr><tr><td>A list of essential documents for advance reading by the court (with page references to the passages relied upon)</td><td><input type="checkbox"/></td></tr></table>		Statement of grounds	<input type="checkbox"/>	Application to extend the time limit for filing the claim form	<input type="checkbox"/>	Application for directions	<input type="checkbox"/>	Any written evidence in support of the claim or application to extend time	<input type="checkbox"/>	Where the claim relates to a decision of a court or tribunal, a copy of the reasons (if any) given by such court or tribunal for its decision.	<input type="checkbox"/>	Copies of any documents on which the claimant proposes to rely	<input type="checkbox"/>	Copies of any relevant statutory material	<input type="checkbox"/>	A list of essential documents for advance reading by the court (with page references to the passages relied upon)	<input type="checkbox"/>
Statement of grounds	<input type="checkbox"/>																
Application to extend the time limit for filing the claim form	<input type="checkbox"/>																
Application for directions	<input type="checkbox"/>																
Any written evidence in support of the claim or application to extend time	<input type="checkbox"/>																
Where the claim relates to a decision of a court or tribunal, a copy of the reasons (if any) given by such court or tribunal for its decision.	<input type="checkbox"/>																
Copies of any documents on which the claimant proposes to rely	<input type="checkbox"/>																
Copies of any relevant statutory material	<input type="checkbox"/>																
A list of essential documents for advance reading by the court (with page references to the passages relied upon)	<input type="checkbox"/>																

Details of defendant(s)	
Name and address (including postcode)	Name and address (including postcode)
Details of other interested parties	
Name and address (including postcode)	Name and address (including postcode)
<p><b>Statement of truth</b></p> <p>[I believe] [The Claimant believes] that the facts stated in this claim form and the accompanying documents are true.</p> <p>[I am duly authorised by the claimant to sign this statement]</p> <p>Full name of [claimant][ 's advocate]*</p> <p>*delete as appropriate</p> <p>Signed</p> <p style="text-align: right;">[Claimant] [ 's advocate] [Litigation friend] delete as appropriate</p>	
Date	
Claimant's or claimant's advocate's address (including postcode) to which documents or payments should be sent:	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)