

Claim No.

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

Description of claim (where appropriate)
<p>Parties</p> <p style="text-align: right;">Claimant(s)</p> <p>and</p> <p style="text-align: right;">Defendant(s)</p>
<ul style="list-style-type: none"> • You should read the <i>Notes for Defendant</i> attached to the claim form, which will tell you how to complete this form and when and where to send it. • Enter an 'X' and complete sections 1 to 6 as appropriate. Complete section 7 in all cases.
<p>1. Please enter the full name of the defendant (a) if there is more than one defendant or (b) if different from the name given on the claim form.</p>
<p>2. <input type="checkbox"/> I do NOT intend to contest this claim.</p> <p>Give details of any order, direction etc. you are seeking from the court.</p>
<p>3. <input type="checkbox"/> I intend to contest this claim.</p> <p>Give brief details of any different remedy you are seeking.</p>
<p>4. <input type="checkbox"/> I intend to dispute the court's jurisdiction.</p> <p>(Note that any application must be filed with the court within 14 days of filing of this form.)</p>

5. I object to the use of the chancery procedure for this claim.

My reasons for objecting are:
(use numbered paragraphs)

If you need to continue on a separate sheet please use the prescribed form – 'HCC CONTINUATION SHEET'

6. I intend to rely on written evidence.

My typed written evidence is filed with this form.

If the defendant is an individual, give date of birth (or *over 18*) here

7. Signed

(type or print full name here)

[Defendant] ['s advocate] [Litigation friend] delete as appropriate

Position or office held (if signed on behalf of a company or other corporation):

Date

Defendant or defendant's
advocate's address
(including postcode) to
which documents should
be sent:

Telephone no.

Fax no. (if appropriate)

E-mail (if appropriate)

Reference (if any)