

Claim

Issue

<i>For court use only</i>
No.
date

IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION

Seal

	PROCEDURE
Admiralty claim in rem against [registered at]	
Parties	
<div style="border: 1px solid black; height: 80px; width: 450px;"></div>	Claimant(s) (Full name(s) & address(es))
<div style="border: 1px solid black; height: 80px; width: 450px;"></div>	Defendant(s) (Full name(s) & address(es))
Brief details of claim (use numbered paragraphs)	

Name and address (including postcode) of defendant on whom copy of the claim form is to be served	£	
	Amount claimed	
	Court fee	
	Coroner's fee	
	Advocate's costs	
	Total amount	

Particulars of claim
(use numbered paragraphs)

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

Statement of truth

[I believe] [The Claimant believes] that the facts stated in this claim form are true.
[I am duly authorised by the claimant to sign this statement]

Full name of [claimant] [\'s advocate]*
* delete as appropriate

Signed

(type or print full name here)

[Claimant] [\'s advocate] [Litigation friend] delete as appropriate

Position or office held (if signed on behalf of a company or other corporation)
(For 'Small Claims Procedure' only)

Date

Claimant's or claimant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:	Telephone no.
	Fax no. (if appropriate)
	E-mail (if appropriate)
	Reference (if any)