

Claim No.

[Empty box for Claim No.]

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

	PROCEDURE
Parties	
[Empty box]	Claimant(s)
[Empty box]	Defendant(s)
If there is more than one defendant please enter the full name(s) of the defendant(s) you are filing this request against:	
The/Each defendant(s) has/have not filed an admission or defence to my claim and the time for doing so has expired. I request judgment to be entered against the defendant(s) for an amount to be decided by the court and costs.	
I certify that the information given is correct	
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)	
Date	