Children & Young Persons Act 2001

IN THE COURT OF SUMMARY JURISDICTION OF THE ISLE OF MAN

ACKNOWLEDGEMENT

Between	
	Applicant
and	
	Respondent
and	
	(Any other parties)
	Date of hearing

What you (the person receiving this form) should do:-

Answer the following questions

If you need more space for an answer use a continuation sheet of paper. Please put your full name, case number and the child(ren)'s date(s) of birth at the top

When you have answered the questions make copies of all pages of this form. You will need a copy for the Applicant and each party named in Part 5 and Part 6 if applicable of the Form HBC1.

Post or hand a copy to the Applicant and each party. Then post or take this form to the Court at the address below. You should do this within 14 days of the date you were given the Notice of Proceedings or the postmark of the envelope if the Notice of Proceedings was posted to you.

Summary Courts
Isle of Man Courts of Justice
Deemsters Walk
Douglas
Isle of Man
IM1 3AR

Telephone: +44 (0) 1624 685471 email: summary.courts@courts.im

The Court office is open from: 9.00am to 5.00pm on Monday to Thursday; and 9.00am to 4.30pm on Friday.

1. About you (the Respondent)

State.

- your title, full name, address, telephone numbers (mobile and landline), date of birth and relationship to each child above
- your advocate's name, address, reference, telephone number and fax number

Full details about you (and your advocate if applicable)		
2. Full address and postcode to which	correspondence and other	papers should be sent
3. The application was received on	Date	
4. Do you oppose the application?	☐ YES	□ NO
5. Do you intend to apply to the Court for	an Order? YES	□ NO
6. Will you require an interpreter at Court	? \(\sum YES	□ NO
(if you require an interpreter you must bring yo language:-	ur own). If so please specify	
Signed		Date
(Applicant)	(Advocate for Applicant)	
(Respondent)	(Advocate for Respondent)	