This Application will be heard at the time stated to the right at the Isle of Man Courts of Justice, Deemsters Walk, Bucks Road, Douglas Isle of Man IM1 3AR.

**IF YOU DO NOT ATTEND, A DOMESTIC ABUSE PROTECTION ORDER MAY BE MADE AGAINST YOU.**

*For Court use only*

Case Reference.

Issue Date

Date & Time of First Hearing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IN A COURT OF SUMMARY JURISDICTION** | | | | |
| Parties |  | | |  |
|  | insert officer's name  Isle of Man Constabulary  Police Headquarters  Dukes Avenue  Douglas  Isle of Man  IM2 4RG | | | Applicant name & address |
|  |  | | |  |
|  | insert respondent(s) name  Address  Address  Address  Address  Address | | | Respondent(s) name & address |
|  |  | | |  |
|  | insert connected tenant(s) name  Address  Address  Address  Address  Address | | | Connected Tenant(s) name & address if applicable |
|  |  | | |  |
| Name and Address of person for whose protection a Domestic Abuse Protection Order is sought (the “**Complainant**”)  insert and address | | | | |
| **Date Domestic Abuse Protection Notice was issued to Respondent:** | | | Date | |
| **Date Domestic Abuse Protection Notice was issued to a Connected Tenant(s) if applicable:** | | | Date | |
| **Copy of Domestic Abuse Protection Notice annexed to this Application?** | | | YES | |
| **Details of how the Complainant and the Respondent are personally connected**  TEXT | | | | |
| **Concise Reasons for the Application**  TEXT | | | | |
| **Details of any requirements, prohibitions or restrictions which the Applicant seeks on the Respondent or any prohibition under section 22(5)(a) or (d) of the Domestic Abuse Act 2020 on any Connected Tenant**  TEXT | | | | |
| **Statement of truth**  I believe that the facts stated in this claim form are true. | | | | |
| Signed:  Full Name: Full Name, Rank and Collar Number | | | | |
| **Statement of Authorisation**  I NAME am a/an RANK and having reviewed this Application provide written authorisation for the same to be presented to the Isle of Man Courts of Justice.  Signed: | | | | |
| Date: DATE | |  | | |
| Applicant's or Applicant's advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:  Address  Address  Address  Address  Address  Address  Address | | Telephone No.  Telephone Number | | |
| Fax No. (if appropriate)  Fax Number | | |
| E-mail (if appropriate)  TEXT | | |
| Reference (if any)  TEXT | | |