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|[ ]  **IN A COURT OF SUMMARY JURISDICTION** |
|[ ]  **IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN****CIVIL DIVISION** |
|  | insert procedure type | **PROCEDURE** |
| Parties |  |  |
|  | insert applicant(s) name | Applicant(s) name |
|  |  |  |
|  | insert respondent(s) name | Respondent(s) name |
|  |  |  |
|  | insert connected tenant(s) name | Connected Tenant(s) name  |
|  |  |  |
| Name of person for whose protection a Domestic Abuse Protection Order is sought (the “**Complainant**”) if different from the Applicantinsert name of person |
| Name of person completing this Answer Form if more than one Respondent or Connected Tenants.insert name of person |
| **Answer to the Application for a Domestic Abuse Protection Order**TEXT |
| **Statement of truth** [I believe] [The Respondent believes] [The Connected Tenant believes] that the facts stated in this claim form are true.delete as appropriate |
| **Signed**[Respondent] [Connected Tenant] ['s advocate] [Litigation friend] delete as appropriate |
| Name of [Respondent’s] [Connect Tenant’s] Advocates’ Firm TEXT |
| Date TEXT |  |
| [Respondent’s] [Connect Tenant’s] address / advocate's address in the Isle of Man (including postcode) to which documents or payments should be sent:AddressAddressAddressAddressAddressAddressAddress | Telephone No.TEXT |
|  | Fax No. (if appropriate)TEXT |
|  | E-mail (if appropriate)TEXT |
|  | Reference (if any)TEXT |