

For court use only

Claim No.

Issue date

**Date and time
of hearing****IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN****CIVIL DIVISION**

Seal

PROCEDURE

Parties

Claimant(s)
(Full name(s) & address(es))Defendant(s)
(Full name(s) & address(es))

This claim will be heard at the time stated above at the Isle of Man Courts of Justice, Deemsters Walk, Bucks Road, Douglas Isle of Man IM1 3AR. **IF YOU DO NOT ATTEND, AN ORDER FOR POSSESSION MAY BE MADE AGAINST YOU.**

Brief details of claim

(use numbered paragraphs)

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

The claimant is claiming possession of:	Address or description of land:		
The claimant also claims £ for			
Particulars of claim			
1. The claim relates <input type="checkbox"/> does not relate <input type="checkbox"/> to residential property			
2. Grounds of the claim			
Arrears of rent	<input type="checkbox"/>	Other breach of tenancy*	<input type="checkbox"/>
Forfeiture of lease*	<input type="checkbox"/>	Trespass	<input type="checkbox"/>
Other (specify)* * delete/insert as appropriate			
* Give details of breach of tenancy or circumstances in which lease was forfeited (use numbered paragraphs)			
3. Details of any tenancy:			
weekly	<input type="checkbox"/>	monthly	<input type="checkbox"/>
fixed term	<input type="checkbox"/>	yearly	<input type="checkbox"/>
date tenancy began		date of expiry of fixed term	
date of any written agreement setting out terms of tenancy			
date of expiry of any notice to quit served on defendant			

4. If claim is against trespasser(s) state —

- details of claimant's interest in the land or basis of claimant's right to possession
(use numbered paragraphs)

- circumstances in which the land has been occupied without licence or consent
(use numbered paragraphs)

The claimant does not know the name(s) of (all) the defendant(s) ☐

Is there likely to be a substantial dispute as to the facts? Yes ☐ No ☐

5. If claim is also for money give particulars of the amount claimed
(use numbered paragraphs)

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

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

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)		