

<p><i>For court use only</i></p> <p>Claim No.</p> <p><i>Issue date</i></p>
--

IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN

CIVIL DIVISION

Seal

	PROCEDURE				
Parties	<table border="1"><tr><td></td><td>Claimant(s) (Full name(s) & address(es))</td></tr><tr><td></td><td>Defendant(s) (Full name(s) & address(es))</td></tr></table>		Claimant(s) (Full name(s) & address(es))		Defendant(s) (Full name(s) & address(es))
	Claimant(s) (Full name(s) & address(es))				
	Defendant(s) (Full name(s) & address(es))				
Brief details of claim (use numbered paragraphs)					

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

Particulars of claim(attached)(to follow)
(use numbered paragraphs)

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

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]

* delete as appropriate

Signed

[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)