<b>Acknowledgment of Service</b> (Part 81, Section 4 – Certification, or application under section 336 of the	Name of court Claim No.		
Charities Act 2011, in relation to conduct			
alleged to constitute contempt of court (CPR Part 81, Section 4))	Name of the body that made the certification or section 336 application		
Tick and complete sections A – F as appropriate. In all cases you must complete sections E and F	Name of the respondent (the person alleged to have committed the contempt)		
Section A	Section B		
I <b>do not</b> intend to contest the certification or section 336 application	I intend to contest the certification or section 336 application		
Section C	Section D		
I intend to dispute the court's jurisdiction	I intend to rely on written evidence		
	My written evidence:		
	is filed with this form, or		
	<ul> <li>will be filed within 14 days of service of the certification or section 336 application</li> </ul>		
Section E			

Full name of respondent filing this acknowledgment

The court office at

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

## Section F

## **Statement of Truth**

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.



I believe that the facts stated in this form are true.

**The Respondent** believes that the facts stated in this form are true. **I am authorised** by the respondent to sign this statement.

Signature		

Respondent

Litigation friend (where respondent is a child or a patient)

Respondent's legal representative (as defined by CPR 2.3(1))

## Date

Day	Month	Year	

## Full name

Name of respondent's legal representative's firm

If signing on behalf of firm or company give position or office held

Give an address to which notices about this case can be sent to you

Building and street	
Second line of address	
Town or city	]
County (optional)	
Postcode	
If applicable Phone number	
Fax phone number	
DX number	
Your Ref.	
Email	