

Witness statement of the defendant to oppose the making of an interim possession order

Witness statement of (defendant)

made on _____

completed by defendant

Between _____ Claimant
and _____ Defendant
the occupier(s) of

Claim No.	
In the	
County Court	

For completion by the court

Appointment on

20

at am/pm

(1) Insert I, (1)
full name,
address
and
occupation
of
witness

make oath and say as follows:

(2) Insert
address
of premises

1. I consider that I have a right to occupy the premises at (2)

2. I have been in occupation since

Give date

3. The claimant (name)

was aware of my occupation of the premises. I know this because

(3) Give name,
address
and date

4. I was told by ⁽³⁾

of

on

that I could occupy the premises named in paragraph 1.

I believe that he/she had the right to allow me to occupy the premises because ⁽⁴⁾

(4) Say who this person is and describe any documents they showed you

5. I have written evidence to show my right of occupation. It is in the form of

(eg. rent book, tenancy agreement) and a copy is

attached and marked 'A' (5)

(5) Delete if you have no written evidence

6. The claimant is **not** entitled to an interim possession order because

10. The following table summarizes the results of the study. The first column lists the variables, the second column lists the sample size, and the third column lists the estimated effect sizes.

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 witness statement and any continuation sheets are true.
- The Defendant** believes that the facts stated in this witness statement and any continuation sheets are true. **I am authorised** by the defendant to sign this statement.

Signature

- Defendant
- Litigation friend (where respondent is a child or a patient)
- Defendant's legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name of defendant'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