Defence form	(RH(W)A	2016)
(prohibited cond	luct standa	rd cont

Name of court

(prohibited conduct standard contract)		
	Claim number	
	Name of claimant(s) (including any reference)	
	Name of defendant(s) (including any reference)	
	Date of hearing  Day Month	Year
Personal details		
First name(s)		
Last name		
Address (if different from the address on the clai	im form)	
Building and street		
Second line of address		
Town or city		
County (optional)		
Postcode		

	Did you receive the notice from the claimant(s) referred to at paragraph 6 of the particulars of claim?			
	Yes. I received the notice on			
	Day Month Year			
	☐ No			
Disputing the claim				
	Do you agree with what is said about your conduct or use of the property?			
	Yes			
	No. My reasons are			

(Continue over the page)



## **Statement of truth**

I understand that proceedings for contempt of court may be brought against a person 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 defence form are true.			
The defendant(s) believes that the facts stated in this defence form are true. I am authorised by the defendant(s) to sign this statement.			
Signature			
Defendant			
Litigation friend (where defendant is a child or a protected party)  Defendant's legal representative (as defined by CPR 2.3(1))			
Date			
Day Month Year			
Full name			
Name of legal representative's firm			
If signing on behalf of firm or company give position or office held			