

Defence form

In the

Claim No.

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Claimant

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Defendant(s)

I dispute the claimant's claim because:-

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 defence form and any continuation sheets are true.

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

Defendant's date of birth

Day

Month

Year

Signature

Defendant

Litigation friend (where defendant 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

Defendant's or defendant's solicitor's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

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If applicable

Phone number

Fax number

DX number

Your Ref.

Email