

# Defence form

In the

Claim No.

Claimant

Defendant(s)

I dispute the claimant's claim because:-

## Statement of Truth

\*(I believe)(The defendant(s) believe(s)) that the facts stated in this defence form (and any continuation sheets) are true.

\* I am duly authorised by the defendant(s) to sign this reply form.

signed \_\_\_\_\_ date \_\_\_\_\_

\*(Defendant(s))(Litigation friend(*where the defendant is a child or a protected party*))(Defendant's solicitor)

*\*delete as appropriate*

Defendant's date of birth 

D	D	M	M	Y	Y	Y	Y
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Full name \_\_\_\_\_

Name of defendant's solicitor's firm \_\_\_\_\_

position or office held \_\_\_\_\_

*(if signing on behalf of firm or company)*

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

Postcode
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<i>if applicable</i>	
Ref. no.	
fax no.	
DX no.	
e-mail	
Tel. no.	