

Response pack

You should read the 'notes for defendant' attached to the claim form which will tell you when and where to send the forms.

Included in this pack are:

- either **Admission Form N9A** (if the claim is for a specified amount)
- either **Defence and Counterclaim Form N9B** (if the claim is for a specified amount)
- **Acknowledgment of service** (see below)
- or **Admission Form N9C** (if the claim is for an unspecified amount or is not a claim for money)
- or **Defence and Counterclaim Form N9D** (if the claim is for an unspecified amount or is not a claim for money)

If you admit the claim or the amount claimed and/or you want time to pay	➔	Complete the admission form
If you admit part of the claim	➔	the admission form and the defence form
If you dispute the whole claim or wish to make a claim (a counterclaim) against the claimant	➔	the defence form
If you need 28 days (rather than 14) from the date of service to prepare your defence, or wish to contest the court's jurisdiction	➔	the acknowledgment of service
If you do nothing, judgment may be entered against you		

Acknowledgment of service

Defendant's full name if different from the name given on the claim form

In the	
Claim No.	
Claimant (including ref.)	
Defendant	

Address to which documents about this claim should be sent (including reference if appropriate)

Postcode <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	If applicable	
	Telephone no.	
	Fax no.	
	DX no.	
	Your ref.	

E-mail	<input style="width: 90%;" type="text"/>
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Tick the appropriate box

1. I intend to defend all of this claim
2. I intend to defend part of this claim
3. I intend to contest jurisdiction

(My) (Defendant's) date of birth is

 / /

If you file an acknowledgment of service but do not file a defence within 28 days of the date of service of the claim form, or particulars of claim if served separately, judgment may be entered against you.

If you do not file an application to dispute the jurisdiction of the court within 14 days of the date of filing this acknowledgment of service, it will be assumed that you accept the court's jurisdiction and judgment may be entered against you.

If served outside the jurisdiction see CPR rule 6.35 and 6.37(5).

Signed

(Defendant) (Defendant's legal representative) (Litigation friend)

Position or office held
(if signing on behalf of firm or company)

Date / /

For further details of the courts www.gov.uk/find-court-tribunal. When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Admission (unspecified amount, non-money and return of goods claims)

- Before completing this form please read the notes for guidance attached to the claim form. If necessary provide details on a separate sheet, add the claim number and attach it to this form.
- If you are not an individual, you should ensure that you provide sufficient details about the assets and liabilities of your firm, company or corporation to support any offer of payment made.

In the	
Claim No.	
Claimant (including ref.)	
Defendant	

In non-money claims only

I admit liability for the whole claim
(Complete section 11)

In return of goods cases only

Are the goods still in your possession?

Yes No

Part A Response to claim (tick one box only)

I admit liability for the whole claim but want the court to decide the amount I should pay / value of the goods

OR

I admit liability for the claim and offer to pay in satisfaction of the claim
(Complete part B and sections 1 - 11)

Part B How are you going to pay the amount you have admitted? (tick one box only)

I offer to pay on (date)

OR

I cannot pay the amount immediately because (state reason)

AND

I offer to pay by instalments of £
per (week)(month)

starting (date)

1 Personal details

Surname

Forename

Mr Mrs Miss Ms

Married Single Other (specify)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Postcode

Tel. no.

2 Dependants (people you look after financially)

Number of children in each age group

under 11 11-15 16-17 18 & over

Other dependants

(give details)

3 Employment

I am employed as a

My employer is

Jobs other than

main job (give details)

<input type="text"/>
<input type="text"/>
<input type="text"/>

I am self employed as a

Annual turnover is..... £

I am not in arrears with my national insurance contributions, income tax and VAT

I am in arrears and I owe..... £

Give details of:

(a) contracts and other work in hand

(b) any sums due for work done

<input type="text"/>
<input type="text"/>

I have been unemployed for years months

I am a pensioner

4 Bank account and savings

I have a bank account

The account is in credit by..... £

The account is overdrawn by.... £

I have a savings or building society account

The amount in the account is..... £

5 Residence

I live in

my own property lodgings

jointly owned house rented property

council accommodation

6 Income

My usual take home pay (<i>including overtime, commission, bonuses etc</i>)	£	per
Income support	£	per
Child benefit(s)	£	per
Other state benefit(s)	£	per
My pension(s)	£	per
Others living in my home give me	£	per
Other income (<i>give details below</i>)		
	£	per
	£	per
	£	per
Total income	£	per

8 Priority debts (This section is for arrears only. Do not include regular expenses listed in section 7)

Rent arrears	£	per
Mortgage arrears	£	per
Council tax/Community Charge arrears	£	per
Water charges arrears	£	per
Fuel debts: Gas	£	per
Electricity	£	per
Other	£	per
Maintenance arrears	£	per
Others (<i>give details below</i>)		
	£	per
	£	per
Total priority debts	£	per

7 Expenses

(Do not include any payments made by other members of the household out of their own income)

I have regular expenses as follows:

Mortgate (<i>including second mortgage</i>)	£	per
Rent	£	per
Council tax	£	per
Gas	£	per
Electricity	£	per
Water charges	£	per
TV rental and licence	£	per
HP repayments	£	per
Mail order	£	per
Housekeeping, food, school meals	£	per
Travelling expenses	£	per
Children's clothing	£	per
Maintenance payments	£	per
Others (<i>not court orders or credit debts listed in sections 9 and 10</i>)		
	£	per
	£	per
	£	per
Total expenses	£	per

9 Court orders

Court	Claim No.	£	per
Total court order instalments		£	per

Of the payments above, I am behind with payments to (*please list*)

10 Credit debts

Loans and credit card debts (*please list*)

	£	per
	£	per
	£	per

Of the payments above, I am behind with payments to (*please list*)

11 Declaration

I declare that the details I have given above are true to the best of my knowledge

Signed

Position or office held

Date

(if signing on behalf of firm or company)

Defence and Counterclaim

(unspecified amount, non-money and return of goods claims)

- Fill in this form if you wish to dispute all or part of the claim and/or make a claim against the claimant (a counterclaim).
- You have a limited number of days to complete and return this form to the court.
- Before completing this form, please read the notes for guidance attached to the claim form.
- Please ensure that all the boxes at the top right of this form are completed. You can obtain the correct names and number from the claim form. The court cannot trace your case without this information.

How to fill in this form

- Set out your defence in section 1. If necessary continue on a separate piece of paper making sure that the claim number is clearly shown on it. In your defence you must state which allegations in the particulars of claim you deny and your reasons for doing so. If you fail to deny an allegation it may be taken that you admit it.
- If you dispute only some of the allegations you must
 - specify which you admit and which you deny; and
 - give your own version of events if different from the claimant's.
- If the claim is for money and you dispute the claimant's statement of value, you must say why and if possible give your own statement of value.

Name of court	
Claim No.	
Claimant (including ref.)	
Defendant	

- If you wish to make a claim against the claimant (a counterclaim) complete section 2.
- Complete and sign section 3 before returning this form.

Where to send this form

- send or take this form immediately to the court at the address given on the claim form.
- keep a copy of the claim form and the defence form.

Need help with your legal problems?

You may qualify for assistance from Civil Legal Advice (CLA) (this used to be called 'Legal Aid') to meet some or all of your legal costs. You can ask about the CLA at any county court office or contact Civil Legal Advice on www.gov.uk/civil-legal-advice or call 0845 345 4345

Why not issue your claim online? It is cheap, efficient and quick. Please go to www.possessionclaim.gov.uk to find out more.

1. Defence

(continue over the page)

Claim No.	
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Defence (continued)

2. If you wish to make a claim against the claimant (a counterclaim)

- To start your counterclaim, you will have to pay a fee. Please refer to leaflet EX50 Civil and Family court fees.
- You may not be able to make a counterclaim where the claimant is the Crown (e.g. a Government Department). Ask at your local county court office for further information.

If your claim is for a specific sum of money, how much are you claiming?

I enclose the counterclaim fee of

My claim is for (please specify nature of claim)

What are your reasons for making the counterclaim?

If you need to continue on a separate sheet put the claim number in the top right hand corner.

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 form and any attached sheets are true.

The defendant believes that the facts stated in this form and any attached sheets are true.
I am authorised by the defendant to sign this statement.

Signature

Defendant

Litigation friend (where claimant is a child or 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

Claimant's or claimant's legal representative'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

DX number

Your Ref.

Email