

Acknowledgment of Service

(Part 8 costs-only claim)

Tick and complete sections A – C as appropriate.

In all cases you must complete sections D and E.

Name of court

Claim no.

Name of claimant (including any reference)

Name of defendant (including any reference)

Section A

☐ I do not intend to contest this claim

Section B

☐ I intend to contest the amount of costs claimed but not the making of an order for costs

Section C

I intend to

☐ contest the making of an order for costs

or

☐ seek a different remedy

or

☐ dispute the court's jurisdiction

(Please note, any application must be filed within 14 days of the date on which you file this acknowledgment of service)

Section D

Full name of defendant filing this acknowledgment

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 form are true.
- ☐ **The Defendant** believes that the facts stated in this form are true. **I am authorised** by the defendant to sign this statement.

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 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

Fax phone number

DX number

Your Ref.

Email