**Form 4: Response to Claim**

**CERVICALCHECK TRIBUNAL**

**RESPONSE TO CLAIM**

**Claim record no.:**

1. **Details of claimant(s) and respondent(s)**

**[1st]\* Claimant**

Full name: ……………………………………………………………………………………..

Claimant’s Solicitor: ………………………………………………………………….……… (Name of firm and name of solicitor responsible for claim)

*\* Where there is more than one claimant, the name of each further claimant (numbered 2nd Claimant, 3rd Claimant etc.) should be set out in the same manner immediately following the name of the 1st claimant.*

**[1st]\* Respondent**

Full name: ……………………………………………………………………………………..

Respondent’s Solicitor: ………………………………………………………………….…... (Name of firm and name of solicitor responsible for claim)

E-mail address for Respondent/Solicitor(s) for respondent: ………………………………………………………………………………………………….

Telephone number for Respondent /Solicitor(s) for respondent: …………………………………………………………………………………………………..

Postal address for service of notices on Respondent /Solicitor(s) for respondent: …………………………………………………………………………………………………..

Ref: ……………………………………………………………………………………………..

*\* Where there is more than one respondent, the name of each further respondent (numbered 2nd Respondent, 3rd Respondent etc.) should be set out in the same manner immediately following the name of the 1st respondent.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Response to Statement of Claim**

The respondent’s Response to the claim of the claimant is as follows:

[(*a) Specify, in numbered paragraphs—*

*(i) the allegations specified, or matters pleaded, in the claim of which the respondent does not require proof,*

*(ii) the allegations specified, or matters pleaded in the claim of which the respondent requires proof,*

*(iii) the grounds upon which the respondent claims that the respondent is not liable for any injuries suffered by the claimant, and*

*(iv) where the respondent alleges that some or all of the personal injuries suffered by the claimant were occasioned in whole or in part by the claimant’s own acts, the grounds upon which he or she so alleges and*

*(b) provide full and detailed particulars of each denial or traverse, and of each allegation, assertion or plea, comprising the respondent's response and, where appropriate, a counter-schedule setting out the response to items of special damage claimed by the claimant.*

*Particulars of a general denial, traverse, allegation, assertion or plea should be set out under the paragraph containing same and headed “Particulars of etc.”*]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Counter-Schedule of special damage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item**  | **Amount claimed €** | **Whether item agreed in principle (yes/no)** | **Amount allowed if agreed €** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*4. Detailed statement of non-expert evidence**

Detailed signed statements of evidence from the following person(s) on which the Respondent intends to rely in support of the Response are appended to this Form:

1. [Insert name and address of signatory of statement]

2. etc.

*\*If serving statements with the Response, they should be attached to the Response which is being served and lodged. If not served with the Response, statements must be delivered within seven days after service of the Response (rule 39(2)).*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Affidavit of verification**

I. …………………. of ………………………………………… , the (respondent or state other capacity or authority), aged eighteen years and upwards MAKE OATH and say as follows:

1. The assertions, allegations and information contained in this Response which are within my own knowledge are true. I honestly believe that the assertions, allegations and information contained in this Response which are not within my own knowledge are true.

2. I am aware that it is an offence to make a statement in this affidavit that is false or misleading in any material respect and that I know to be false or misleading.

SWORN etc

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To: Registrar

Cervical Check Tribunal at………………………….

And to: ………………..of …………………………………., claimant

Dated: ……………………………………………

Signed: …………………………………………..

[Print name]: ……………………………………

Respondent/Solicitor(s) for respondent

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPENDIX 1**

**Detailed statement(s) of non-expert evidence intended to be relied on**

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