**Form 5: Reply**

**CERVICALCHECK TRIBUNAL**

**REPLY**

**Claim record no.:**

**Claimant(s)**

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

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

**Respondent(s)**

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

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

[*Set out in numbered paragraphs any allegation or statement in the Response which is accepted or not disputed.*

Save as set out above and save insofar as the Response contains admissions, the Claimant joins issue with the Respondent on his Response.

Dated: ……………………………….………….

Signed: ………………………………………….

[Print name]: ……………………………………

Claimant/Solicitor(s) for claimant

To: Registrar

Cervical Check Tribunal at………………………….

And to: ………………..of …………………………………., respondent

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