**Form 5: Reply**

**CERVICALCHECK TRIBUNAL**

**REPLY**

**Claim record no.:**

**…………………………………………………………………………….. Claimant(s)**

**…………………………………………………………………………….. Respondent(s)**

[*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 the Response.

Dated: ……………………………….………….

Signed: ………………………………………….

[Print name]: ……………………………………

Claimant/Solicitor(s) for claimant

To: Registrar

CervicalCheck Tribunal at………………………….

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

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