

Defence and Counterclaim

(specified amount)

Name of court County Court Business Centre Online Court	
Claim No.	
Claimant (including ref.)	
Defendant	

- Fill in this form if you wish to dispute all or part of the claim and/or make a claim against the claimant (known as 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 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 complete this form

- Complete **sections 1 and 2**. Tick all the boxes that apply and give any other details asked for.
 - Set out your defence in **section 3**. 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 of the claimant's allegations you deny and why. **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 you wish to make a claim against the claimant (known as a counterclaim) complete **section 4**.
 - Complete and sign **section 5** before sending this form to the court. Keep a copy of the claim form and this form.
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4. If you want to make a claim against the claimant (known as a counterclaim)

- To start your counterclaim, you will have to pay a fee. Court staff can tell you how much you have to pay.
- 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 you are not sure if the claimant is the Crown.

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.

Claim No.	
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5. Statement of Truth

I believe that the facts stated in this form are true.

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Date

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Your date of birth

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

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

<div>Postcode</div> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								If applicable	
	Phone no.								
	DX no.								
Your ref.									

E-mail

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