

# Defence and Counterclaim (specified amount)

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

- Complete sections 1 and 2. Tick the correct boxes and give the 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 allegations in the particulars of claim you deny and your reasons for doing so. **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.

## 1. How much of the claim do you dispute?

I dispute the full amount claimed as shown on the claim form.

**or**

I admit the amount of £

If you dispute only part of the claim you must **either**:

- pay the amount admitted to the person named at the address for payment on the claim form (see How to Pay in the notes on the back of, or attached to, the claim form). Then send this defence to the court

**or**

- complete the admission form **and** this defence form and send them to the court.

I paid the amount admitted on / /

**or**

I enclose the completed form of admission (go to section 2)

Name of court

Claim No.

Claimant  
(including ref.)

Defendant

- If you wish to make a claim against the claimant (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.

## Need help with your legal problems?

Community legal advice is a free confidential service, funded by legal aid. They can help you find the information and advice you need by putting you in touch with relevant agencies, helplines or local advice services. And if you are eligible for legal aid, the service can offer specialist legal advice over the telephone in cases involving: debt; housing; employment; benefits; and education. Call **0845 345 4 345** or [www.communitylegaladvice.org.uk](http://www.communitylegaladvice.org.uk)

## 2. Do you dispute this claim because you have already paid it? Tick whichever applies

**No** (go to section 3)

**Yes** I paid £  to the claimant

on / /

(before the claim form was issued)

Give details of where and how you paid it in the box below (then go to section 5)

## 3. Defence (If you need to continue on a separate sheet put the claim number in the top right hand corner.)

(continue over the page)

Claim No.

**Defence** (continued)

**4. If you wish to make a claim against the claimant (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 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.

**5. Signed** - To be signed by you or by your solicitor or litigation friend.

\*(I believe) (The defendant believes) that the facts stated in this form are true.

\*I am duly authorised by the defendant to sign this statement.

*\*delete as appropriate*

**Position or office held**

(If signing on behalf of firm or company)

Date / /

Defendant's date of birth, if an individual / /

Give an address to which notices about this case can be sent to you

<input type="text"/>	If applicable	
	Telephone no.	<input type="text"/>
	Fax no.	<input type="text"/>
	DX no.	<input type="text"/>

Postcode

E-mail