

# Defence form

(accelerated possession procedure)  
(assured shorthold tenancy)

Name of court	Claim No.
Name of Claimant	
Name of Defendant(s)	

## To the Defendant

Please read the claim form and all papers delivered with it before completing this form.

Some of the questions in this form refer to numbered sections in the claim form. You will find it helpful to have that open as you answer them.

Please note that if section 1 of the claim form has been completed because you are a tenant of premises let under a demoted assured shorthold tenancy, you need only answer questions 1 and 6 to 11.

If you cannot give exact dates, make it clear that the dates given are approximate.

In all cases you **must** complete and sign the statement of truth.

Please write clearly and in black ink. If there is not enough room for an answer, continue on the last page.

1. Are you the tenant(s) named in the tenancy agreement, marked 'A' (or 'A1'), attached to the claim form?  Yes  No

Does that tenancy agreement (or do both) set out the present terms of your tenancy (except for any changes in the rent or the length of the tenancy)?  Yes  No

If No, say what terms have changed and what the changes are:

2. Do you agree the date, in section 2 of the claim form, when the claimant says the tenancy began?  Yes  No

If No, on what date did it begin?

D	D	/	M	M	/	Y	Y	Y	Y
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3. If the claimant has completed section 3 of the claim form, do you agree with what is said there?  Yes  No

If No, what do you disagree with and why?

4. If the claimant has completed section 3 of the claim form, did you receive the notice (a copy of which is attached to the claim form and marked 'B') and, if so, when?  Yes  No

If Yes, please give date

D	D	/	M	M	/	Y	Y	Y	Y
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- Do you agree with the rest of what is said in section 3?  Yes  No

If No, what do you disagree with and why?

5. If the claimant has not deleted section 4 of the claim form, do you agree that what is said there is correct?  Yes  No

If No, what do you disagree with and why?

6. Did you receive the notice referred to in section 5 of the claim form, (a copy of which is attached to the claim form and marked 'C')?  Yes  No

If Yes, please give date

D	D	/	M	M	/	Y	Y	Y	Y
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7. Do you agree that what is said in section 6 of the claim form is correct?  Yes  No

8. Do you agree that what is said in section 7 of the claim form is correct?  Yes  No

If No, what do you disagree with and why?

9. If there is some other reason, not covered above, why you say the claimant is not entitled to recover possession of the property, please explain it here.

## Postponement of possession

10. Are you asking the court, if it makes a possession order, to allow you longer than 14 days to leave the premises because you would suffer exceptional hardship?  Yes  No

If Yes, please explain why the hardship you would suffer would be exceptional.

Say how long you wish to be allowed to remain in the premises. up to \_\_\_\_\_ 20\_\_\_\_  
(The court cannot allow more than 42 days after the order is made.)

## Payment of costs

11. If the court orders you to pay the claimant's costs, do you ask it to allow you more than 14 days to pay?  Yes  No

If Yes, give details of your means *(continue onto last page if necessary)*

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## Statement of Truth

\*(I believe)(The defendant(s) believe(s)) that the facts stated in this claim form (and any attached sheets) are true.

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

Signed

Date

D	D	/	M	M	/	Y	Y	Y	Y
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\*(Defendant)(Litigation friend *(where claimant is a child or a protected party)*)(Defendant's solicitor)

*\*delete as appropriate*

Defendant's date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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Full name

Name of defendant's solicitor's firm

Position or office held

*(if signing on behalf of firm or company)*

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Defendant's or defendant's solicitor's address to which documents should be sent.

Postcode 

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*If applicable*

Ref. no.

Fax no.

DX no.

e-mail

Tel. no.


Claim No.

## Additional Information

(Include the number of the section which is being continued or to which the information relates)

Signed \_\_\_\_\_

Date 

D	D	/	M	M	/	Y	Y	Y	Y
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*(Continue on a separate sheet if necessary, remembering to sign and date it and heading it with the Claim Number)*