

Request for judgment and reply to admission (specified amount)

Complete section A or B.

If you complete section A you must also confirm, where applicable, that particulars of claim have been served in accordance with the rules.

In all cases you must complete sections C and D.

If the defendant has given an address on the form of admission to which correspondence should be sent, which is different from the address shown on the claim form, you must tell the court.

Remember to sign and date the form. Your signature certifies that the information you have given is correct.

In the { MERGEFIELD RTA_COURT_FW_COURT_name }	
Claim No.	{ MERGEFIELD RTA_COURT_FW_CASE_NO }
Claimant (including ref)	{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
Defendant (including ref)	{ IF { MERGEFIELD RTA_2_2_3_2_RTACOMPANYNAME } = "" "{ MERGEFIELD RTA_2_2_3_1_RTANAME } { MERGEFIELD RTA_2_2_3_1_RTAMIDDLENAME } { MERGEFIELD RTA_2_2_3_1_RTASURNAME }" "{ MERGEFIELD RTA_2_2_3_2_RTACOMPANYNAME }" }

A { The defendant has not filed an admission or defence to my claim

F
O
R
M
C
H
E
C
K
B
O
X
}
F
O
R
M
C
H
E
C
K
B
O
X
}

I confirm that particulars of claim have been served on the defendant in accordance with the rules.

Now complete section C and all the judgment details at section D. Decide how and when you want the defendant to pay. You can ask for the judgment to be paid by instalments or in one payment.

B { The defendant admits that all the money is owed

F
O
R
M
C
H
E
C
K
B
O
X

C Defendant's date of birth

{ Defendant's date of birth is not stated in the form of reply but is known to the claimant as:

{	{	{	{
FO	FO	FO	FO
RM	RM	RM	RM
TE	TE	TE	TE
XT	XT	XT	XT
}	}	}	}

{ Defendant's date of birth is not stated in the form of reply and is not known to the claimant.

D Judgment details

I would like the defendant to be ordered to pay:

{ Immediately
F
O
R
M
C
H
E
C
K
B
O
X

O
X
}
Tick only **one** box below and complete section C and all the judgment details at section D.
{
F
O
R
M
C
H
E
C
K
B
O
X
}
{
F
O
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E
C
K
B
O
X
}
{
F
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O
X
}
{
F
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H
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C
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B
O
X
}

I accept the defendant's proposal for payment

Say how the defendant intends to pay. The court will send the defendant an order to pay. You will also be sent a copy.

The defendant has not made any proposal for payment

Say how you want the defendant to pay. You can ask for the judgment to be paid by instalments or in one payment. The court will send the defendant an order to pay. You will also be sent a copy.

I do NOT accept the defendant's proposal for payment

Say how you want the defendant to pay. Give your reasons for objecting to the defendant's offer of payment on the back of this form. Send this form to the court **with defendant's admission N9A**. The court will fix a rate of payment and send the defendant an order to pay. You will also be sent a copy.

X
}
{
F
O
R
M
C
H
E
C
K
B
O
X
}
{
F
O
R
M
C
H
E
C
K
B
O
X
}

by instalments of

£{ FORMTE XT }

per month

in full by

{ FO RM TE XT }	{ FO RM TE XT }	/	{ FO RM TE XT }	{ FO RM TE XT }	/	{ FO RM TE XT }	{ FO RM TE XT }	{ FO RM TE XT }	{ FO RM TE XT }
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Amount of claim as admitted	{ FORMTEX T }
(including interest at date of issue)	{ FORMTEX T }
Interest since date of claim (if any)	{ FORMTEX T }
Period from { FORMTEXT } to { FORMTEXT }	{ FORMTEX T }
Rate { FORMTEXT }%	{ FORMTEX T }
Court fees shown on claim	{ FORMTEX T }
Legal Representative's costs (if any) on issuing claim	{ FORMTEX T }
Sub Total	{ FORMTEX T }
Legal Representative's costs (if any) on entering judgment	{ FORMTEX T }
Sub Total	{ FORMTEX T }
Deduct amount (if any) paid since issue	{ FORMTEX T }
Amount payable by defendant	{ FORMTEX T }

I certify that the information given is correct.

Signed

--

(Claimant) (Claimant's solicitor) (Litigation friend)

Position or
office held

{ FORMTEXT }

(if signing on behalf of firm or company)

Date

{	{		{	{		{	{		{	{
FO	FO		FO	FO		FO	FO		FO	FO
RM	RM	/	RM	RM	/	RM	RM		RM	RM
TE	TE		TE	TE		TE	TE		TE	TE
XT	XT		XT	XT		XT	XT		XT	XT
}	}		}	}		}	}		}	}

Please return the completed form to the court.

Please address forms or letters to the Operational Delivery Manager and quote the claim number.

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