
**Witness statement of the
defendant to oppose the making of
an interim possession order**

Witness statement of
(defendant)

made on _____

completed by defendant

Between _____ Claimant

and _____ Defendant

the occupier(s) of

Claim No.

In the

County Court

For completion by the court

Appointment on

20

at _____ am/pm

(1) Insert I, ⁽¹⁾
full name,
address
and
occupation
of
witness

make oath and say as follows:

(2) Insert
address
of premises

1. I consider that I have a right to occupy the premises at ⁽²⁾

2. I have been in occupation since

Give date

3. The claimant (name)

was aware of my occupation of the premises. I know this because

(3) Give name, address and date

4. I was told by ⁽³⁾
of

on

that I could occupy the premises named in paragraph 1.

(4) Say who this person is and describe any documents they showed you

I believe that he/she had the right to allow me to occupy the premises because ⁽⁴⁾

5. I have written evidence to show my right of occupation. It is in the form of

(eg rent book, tenancy agreement) and a copy is

(5) Delete if you have no written evidence

attached and marked 'A' ⁽⁵⁾

6. The claimant is **not** entitled to an interim possession order because

7. I understand that if I have made a false or misleading statement in this witness statement I will be guilty of a criminal offence and on conviction may be sent to prison or fined or both.

Statement of Truth

*(I believe)(The defendant(s) believe(s)) that the facts stated in this witness statement (and any continuation sheets) are true.

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

signed _____ date _____

*(Defendant(s))(Litigation friend(*where the defendant is a child or a patient*))(Defendant's solicitor)

**delete as appropriate*

Full name _____

Name of defendant's solicitor's firm _____

position or office held _____

(if signing on behalf of firm or company)

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

Postcode

| <i>if applicable</i> | |
|----------------------|--|
| Ref. no. | |
| Tel. no. | |
| fax no. | |
| e-mail | |
| DX no. | |