

# Response to Letter of Claim



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The letter of claim requires a written response from you.

You are obliged under Civil Procedure Pre-action Protocol to respond to the letter of claim.

Answers to the questions in the statement of circumstance may further help the claimant understand your situation especially if you have had a change of circumstances or you are unable to pay.

Free independent debt advice is available from:

**Citizens Advice**

visit <http://www.citizensadvice.org.uk> or look in your local yellow pages for your local office

**Consumer Credit  
Counselling Service**

visit <http://www.cccs.co.uk> or  
call 0800 138 1111 (Monday to Friday 8am – 8pm)

**National Debtline**

call 0808 808 4000  
(Monday to Friday 9am – 9pm and Saturday 9.30am – 1pm)

**The Money Advice Service**

visit <http://www.moneyadviceservice.org.uk> or call  
0300 500 5000 (Monday to Friday 8am – 6pm)



# 1.0 your response to the letter of claim

1.1

Your full name(s)

[go to 1.2](#)

1.2

To what degree do you accept or reject the claim against you?

- |   |                           |   |                           |
|---|---------------------------|---|---------------------------|
| I accept the claim in full <input type="checkbox"/> | <a href="#">go to 1.3</a> | Issued counter claim <input type="checkbox"/> | <a href="#">go to 2.0</a> |
| I accept the claim in part <input type="checkbox"/> | <a href="#">go to 1.3</a> | Paid prior <input type="checkbox"/>           | <a href="#">go to 2.0</a> |
| I reject the claim <input type="checkbox"/>         | <a href="#">go to 1.5</a> |   |                           |

1.3

How would you summarise your personal circumstances that have contributed to the claim against you?

- |   |                           |  |                           |
|---|---------------------------|--|---------------------------|
| Loss of employment <input type="checkbox"/>           | <a href="#">go to 1.4</a> | Maternity leave <input type="checkbox"/> | <a href="#">go to 1.4</a> |
| Serious illness <input type="checkbox"/>              | <a href="#">go to 1.4</a> | Disability <input type="checkbox"/>      | <a href="#">go to 1.4</a> |
| Death of a partner <input type="checkbox"/>           | <a href="#">go to 1.4</a> | Imprisonment <input type="checkbox"/>    | <a href="#">go to 1.4</a> |
| Relationship breakdown <input type="checkbox"/>       | <a href="#">go to 1.4</a> | Over borrowing <input type="checkbox"/>  | <a href="#">go to 1.4</a> |
| Starting a lower paid job <input type="checkbox"/>    | <a href="#">go to 1.4</a> | Other <input type="checkbox"/>           | <a href="#">go to 1.4</a> |
| Starting full-time education <input type="checkbox"/> | <a href="#">go to 1.4</a> |  |                           |

1.4

Please use this space to describe or support your personal circumstances.

[go to 1.6](#)

## 1.0 your response to the letter of claim

1.5

Please give the reasons you reject the claim, include sufficient indication of any facts on which you are likely to rely on in support of your dismissal of the claim against you.

*go to 1.6*

1.6

Do you require more information about the claim?

Yes, I need more

*go to 1.7*

No, I do not need any more

*go to 1.8*

1.7

Please specify what information is required to allow you to deal with the claim or to allow you to fully understand the claim made against you.

*go to 1.8*

## 1.0 your response to the letter of claim

1.8

Please use this space to express your willingness to reach agreement, and explain your proposal to resolve the claim against you.

*go to 1.9*

1.9

Are you willing to make an offer or proposal to settle the claim?

Yes, I am willing

*go to 1.10*

No, I am not willing

*go to 2.0*

1.10

Have you completed a settlement proposal form?

Yes, I have completed / will submit a settlement proposal form

*go to 2.0*

No, I will forward on my offer / proposal

*go to 2.0*

## 2.0 additional information

2.1

Use this space to detail any information you think relevant or to be noted by the claimant.

## declaration of intent and accuracy

Declaration of intent and accuracy. Please sign and print your name here to indicate that the information contained in this document is accurate and representative of your position and current situation.

Name:

Signature:

Dated:

