SUPREME COURT
FALKLAND ISLANDS

D10A

ACKNOWLEDGEMENT OF SERVICE

Case Reference:	**SC/CIV/**	*Always quote this reference*
Between:		**Petitioner**
And:		**Respondent**
And:		**Co-Respondent**
And		**Parties Cited**

- If you intend to instruct a Legal Practitioner to act for you, give the Legal Practitioner this form immediately.
- Read the Notice of Proceedings carefully before answering the following questions.
- Please use black ink.

1.	Have you received the Petition (form D8) with this form?	☐ Yes ☐ No
2.	On what date and at what address did you receive it?	Date: Address:
3.	Are you the person named as the Respondent in the Petition?	☐ Yes ☐ No
4.	Do you intend to defend the case?	☐ Yes ☐ No
5.	(In the case of a Petition alleging adultery) Do you admit adultery alleged in this Petition?	☐ Yes ☐ No ☐ Not applicable
6.	Do you consent to a decree being granted?	☐ Yes ☐ No
7.	Do you intend to oppose the grant of a decree on the ground that the divorce will result in grave financial or other hardship to you and that in all the circumstances it would be wrong to dissolve the marriage/civil partnership?	☐ Yes ☐ No
8.	In the event of a decree nisi being granted on the basis of a one year's separation coupled with the Respondent's consent, or three years' separation, do you intend to apply to the court for it to consider your financial position as it will be after the divorce?	☐ Yes ☐ No
9.	Even if you do not intend to defend the case, do you object to paying the costs of the proceedings? If so, on what grounds?	☐ Yes ☐ No

10.	*(In the case of proceedings relating to a polygamous marriage)* If you have any spouse/civil partner in addition to the Petitioner who is not mentioned in the petition, what is their name and address and the date and place of marriage?	Name: Address: Date of Marriage: Place of Marriage:

11.a)
You must complete this part if you answered "YES" to:

- Question 5; or
- Question 6; or
- You do NOT have a Legal Practitioner acting for you

SIGNED:

DATED:

ADDRESS FOR SERVICE (including postcode & telephone number)

11.b)
I am/We are acting for the Respondent in this matter.

SIGNED *(Legal Practitioner for the Respondent):*

DATED:

ADDRESS FOR SERVICE (including postcode & telephone number)

Attach Files

Submit Form