Rule 9 FORM No SCC 2

# REPUBLIC OF KENYA

**IN THE SMALL CLAIMS COURT OF AT ……………………………..**

# CLAIM NO ………………… OF ……………………

*[FULL NAMES OF PERSON SUING]* ……………….… CLAIMANT

VERSUS

*[FULL NAMES OF PERSON BEING SUED]* ……………….… RESPONDENT

# RESPONSE TO STATEMENT OF CLAIM

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| **1. Claimant’s Personal Details** |
| Name: ………………………………………………………… Postal Address: …………………………………………………….Physical Address: ……………………………………… Telephone Contact: …………………..………………………..Email Address: ………………………………………….. Nature of Business: ……………………………………………..Location/Sub- Location/Village …………………… |
| **2. Respondent’s Personal Details** |
| Name: ……………………………………………………………. Postal Address: ………………………………………………….Physical Address: …………………………………………… Telephone Contact: …………………..……………………..Email Address: ……………………………………….…….. Nature of Business: ………………………………………….Location/Sub/Village …………………………………. |

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| **3. Response to Statement of Claim**In response to the Statement of Claim dated the *[DATE]* day of *[MONTH]* 20 , the Respondent states as follows: (*Please tick where appropriate)** The Respondent does not owe the Claimant any money.
* The Respondent owes the Claimant only a portion of the amount claimed in the Statement of Claim amounting to KShs (*state the amount admitted*)
* The Respondent admits the whole of the Claimants claim.
* The Respondent has paid to the Claimant all the sum claimed in the Statement of Claim.
* It is the Claimant who owes the Respondent a sum of KShs……………………………………………………………………. on account of ………………………………………………………………………………………………………………………………………. (*explain the basis on which the Claimant owes the amount stated*)
* If the response is in denial of the whole or part of the claim. Give reasons why the claim is denied (*explain briefly*)
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| **4. In addition to the Respondent’s response in paragraph three above, the Respondent state’s that this claim (*Please tick where appropriate*)*** Is filed in the right Court
* Is filed in the wrong Court and should be transferred to the Small Claims Court at …………………… (*name of the court)*
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| **5. Counterclaim**Without prejudice to the Respondent’s response in paragraphs three and four, the Respondent Counterclaims against the Claimant the sum of KShs……………………………………………………………………. on account of ……………………………………………………………………………………………………………………………………….(*state the amount of counterclaim and the grounds on which the counterclaim is based*) |

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| **6. Set-Off**While admitting the Claimant’s claim in the sum of Kshs , the Respondent states they areentitled to a Set-Off in the sum of KShs……………………………………………………………………. on account of ………………………………………………………………………………………………………………………………………. (*state the amount sought to be set-off and the reasons for the set-off*) |
| **7. Claim against Third Party**The Respondent denies the Claimants claim and states that the person named below (“the Third Party”)is liable to the Claimant on the grounds set out in the attached Third-Party Notice.Name of Third Party ………………………………………………. Postal Address ……………………………………………….Telephone Contact ………………………………………………… Email Address ………………………………………………Location/Sub/Village …………………………………. |
| **8. Remedy/ Relief Sought**The Respondent requests the Court to (*Please tick where appropriate)** Dismiss the Claimants claim with costs to the Respondents
* Enter Judgment in favour of the Claimant against the Respondent in the sum of KShs ……………..
* Enter judgment in favour of the Respondent against the Claimant on the Counterclaim/Set off in the sum of KShs………………
* Enter judgment in favour of the Claimant against the Third-party in the sum of KShs ………………….
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| **Declaration**I declare that the information given above is true:---------------------------------- ------------------------------------Name of Respondent Signature of Respondent Dated this day of 20 |
| **Acknowledge of Service**I acknowledge service of this Response to Statement of Claim delivered to me, with evidential documents attached, on……………………………………………………---------------------------------- ------------------------------------Name of Claimant Signature of Claimant |

**For Official Use Only**

This Response to Statement of Claim was filed on the day of 20

Signed ……………………………………….

(Registrar)