

FORM L

INFORMATION TO THE ADDRESSEE ABOUT THE RIGHT TO REFUSE TO ACCEPT A DOCUMENT

(Article 12(2) and (3) of Regulation (EU) 2020/1784 of the European Parliament and of the Council of 25 November 2020 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters (service of documents) ⁽¹⁾)

Addressee:

I. INFORMATION TO THE ADDRESSEE

The enclosed document is served in accordance with Regulation (EU) 2020/1784

You may refuse to accept the enclosed document if it is not written in or accompanied by a translation into either a language which you understand or the official language or one of the official languages of the place of service.

If you wish to exercise this right, you must refuse to accept the document at the time of service directly with the person serving the document or within two weeks of service by returning, to the address indicated below, this form completed by you, or a written declaration indicating that you refuse to accept the enclosed document because of the language in which it was provided.

Please note that if you refuse to accept the enclosed document but the court or authority seised of the legal proceedings in the course of which the service became necessary subsequently decides that the refusal was not justified, it may apply legal consequences provided for by the law of the forum Member State, such as deeming the service valid, for unjustified refusals.

II. ADDRESS TO WHICH THE FORM SHOULD BE RETURNED ⁽²⁾:

1. Identity:

2. Address:

2.1. Street and number/PO Box:

2.2. Place and postcode:

2.3. Country:

3. Reference No:

4. Tel.

5. Fax (*):

6. Email:

III. DECLARATION OF THE ADDRESSEE ⁽³⁾:

I refuse to accept the document because it is not written in, or accompanied by a translation into, either a language which I understand or the official language or one of the official languages of the place of service.

I understand the following language(s):

Bulgarian	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	Hungarian	<input type="checkbox"/>
Czech	<input type="checkbox"/>	Maltese	<input type="checkbox"/>
German	<input type="checkbox"/>	Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>

⁽¹⁾ OJ L 405, 2.12.2020, p. 40.

⁽²⁾ To be filled in by the authority effecting the service.

^(*) This item is optional.

⁽³⁾ To be filled in and signed by the addressee.

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| English | <input type="checkbox"/> | Romanian | <input type="checkbox"/> |
| French | <input type="checkbox"/> | Slovak | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Slovenian | <input type="checkbox"/> |
| Croatian | <input type="checkbox"/> | Finnish | <input type="checkbox"/> |
| Italian | <input type="checkbox"/> | Swedish | <input type="checkbox"/> |
| Latvian | <input type="checkbox"/> | | |

Other (please specify):

Done at:

Date:

Signature and/or stamp or electronic signature and/or electronic seal:
