ANNEX I

EUROPEAN SMALL CLAIMS PROCEDURE

FORM A

CLAIM FORM

(Article 4(1) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

Case number (*):

Received by the court/tribunal on: ___/___/_____ (*)

(*) To be filled in by the court/tribunal.

IMPORTANT INFORMATION

PLEASE READ THE GUIDELINES AT THE BEGINNING OF EACH SECTION – THEY WILL HELP YOU TO FILL IN THIS FORM

Language

Fill in this form in the language of the court/tribunal to which you are sending your application. Please note that the form is available in all official languages of the institutions of the European Union on the website of the European Judicial Atlas at http://ec.europa.eu/justice_home/judicialatlascivil/html/index_en.htm. This may help you in filling in the form in the required language.

Supporting documents

Please note that the claim form should be accompanied, where appropriate, by any relevant supporting documents. However, this does not prevent you from submitting, where appropriate, further evidence during the procedure.

A copy of the claim form and, where appropriate, of the supporting documents, will be served on the defendant. The defendant will have an opportunity to submit a response.

1. *Court/tribunal*

In this field you should identify the court/tribunal before which you are making your claim. When deciding which court/tribunal to choose, you need to consider the grounds for the court's/tribunal's jurisdiction. A non-exhaustive list of possible grounds of jurisdiction is included in section 4.

1. *Before which court/tribunal are you making your claim?*

1.1. Name:

1.2. Street and number/PO box:

1.3. City and postal code:

1.4. Country:

2. *Claimant*

This field must identify you as the claimant and your representative, if any. Please note that it is not mandatory to be represented by a lawyer or another legal professional.

It may not be sufficient in some countries to give only a PO Box as the address and you should therefore include the street name and number with a postcode. Failure to do so may result in the document not being served.

'Other details' may contain information that helps to identify you, for example, your date of birth, occupation, position in the company, personal ID code and the company registry code in certain Member States.

Where there is more than one claimant, please use additional sheets.

© Crown Copyright 2011. Reproduced by Thomson Reuters (Professional) UK Ltd

2. *The claimant's details*

2.1. Surname, first name/name of company or organisation:

2.2. Street and number/PO box:

2.3. City and postal code:

2.4. Country:

2.5. Telephone (*):

2.6. E-mail (*):

2.7. Claimant's representative, if any, and contact details (*):

2.8. Other details (*):

3. *Defendant*

In this field you should identify the defendant and, if known, his representative. Please note that it is not mandatory for the defendant to be represented by a lawyer or another legal professional.

It may not be sufficient in some countries to give only a P.O. Box as the address and therefore you should include the street name and number with a postcode. Failure to do so may result in the document not being served.

'Other details' may contain information that helps to identify the person, for example the date of birth, occupation, position in the company, personal ID code and company registry code in certain Member States. If there is more than one defendant, please use additional sheets.

3. *The defendant's details*

3.1. Surname, first name/name of company or organisation:

3.2. Street and number/PO box:

3.3. City and postal code:

3.4. Country:

3.5. Telephone (*):

3.6. E-mail (*):

3.7. Defendant's representative, if known, and contact details (*):

3.8. Other details (*):

4. *Jurisdiction*

Your application must be lodged with the court/tribunal that has jurisdiction to deal with it. The court/tribunal must have jurisdiction in accordance with the rules of Council Regulation (EC) No 44/2001 on jurisdiction and the recognition and enforcement of judgments in civil and commercial matters.

This section includes a non-exhaustive list of possible grounds for jurisdiction.

Information on the rules of jurisdiction can be found on the website of the European Judicial Atlas at http://ec.europa.eu/justice_home/judicialatlascivil/html/index_en.htm.

You can also look at http://ec.europa.eu/civiljustice/glossary/glossary_en.htm for an explanation of some of the legal terms employed.

(*) Optional.

4. *On what ground do you consider the court/tribunal to have jurisdiction?*

4.1. Domicile of the defendant ☐

4.2. Domicile of the consumer ☐

4.3. Domicile of the policyholder, the insured or the beneficiary in insurance matters ☐

4.4. Place of performance of the obligation in question ☐

4.5. Place of the harmful event ☐

4.6. Place where the immovable property is situated ☐

4.7. Choice of court/tribunal agreed by the parties

4.8. Other (please specify): _____

5. *Cross-border nature of the case*

In order to make use of the European Small Claims Procedure, your case must be of a cross-border nature. A case is of a cross-border nature if at least one of the parties is domiciled or habitually resident in a Member State other than the Member State of the court/tribunal.

5. *Cross-border nature of the case*

5.1. Country of domicile or habitual residence of claimant: _____

5.2. Country of domicile or habitual residence of defendant: _____

5.3. Member State of the court/tribunal: _____

6. *Bank details (optional)*

In field 6.1. you may inform the court/tribunal by which means you intend to pay the application fee. Please note that not all methods are necessarily available at the court/tribunal to which you are sending your application. You should verify which methods of payment will be accepted by the court/tribunal. You can do this by contacting the court/tribunal concerned or by consulting the website of the European Judicial Network in Civil and Commercial Matters at http://ec.europa.eu/civiljustice.

If you choose to pay by credit card or to allow the court/tribunal to collect the fee from your bank account, you should give the necessary credit card or bank account details in the Appendix to this form. The Appendix will be for the information of the court/tribunal only and will not be forwarded to the defendant.

In field 6.2. you are given the possibility of indicating by which means you wish to receive payment from the defendant, for example if the defendant wishes to pay immediately even before the judgment is given. If you wish to be paid by bank transfer, please give the necessary bank details.

6. *Bank details* (*)

6.1. How will you pay the application fee?

6.1.1. By bank transfer ☐

6.1.2. By credit card ☐ (please fill in the Appendix)

6.1.3. Direct debit from your bank account ☐ (please fill in the Appendix)

6.1.4. Other (please specify):

6.2. To which account do you wish the defendant to pay any amount claimed or awarded?

6.2.1. Account holder:

6.2.2. Bank name, BIC or other relevant bank code:

6.2.3. Account number/IBAN:

7. *Claim*

Scope: Please note that the European Small Claims Procedure has a limited scope. No claims of a value higher than EUR 2000 or which are listed in Article 2 of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure can be dealt with under this procedure. If your claim does not relate to an action within the scope of that Regulation in accordance with Article 2, proceedings will continue before the courts/tribunals with jurisdiction in accordance with the rules of ordinary civil procedure. If you do not wish to continue proceedings in that event, you should withdraw your application.

Monetary or other claim: You should indicate whether you are claiming money and/or something else (non-monetary claim), for example, delivery of goods, and then fill in respectively either 7.1. and/or 7.2. If your claim is not for money, please indicate the estimated value of your claim. In the case of a non-monetary claim, you should indicate whether you have a secondary claim for compensation if it is not possible to satisfy the original claim.

If you wish to claim the costs of the proceedings (e.g. translation costs, lawyers' fees, costs relating to the service of documents etc.), then you should indicate this in 7.3. Please note that rules regarding the costs which courts/tribunals can award vary between different Member States. Details of categories of costs in the Member States can be found on the website of the European Judicial Network in Civil and Commercial Matters at http://ec.europa.eu/civiljustice.

If you wish to claim any contractual interest, for example on a loan, you should indicate the rate and from what date it runs. The court/tribunal may award statutory interest on your claim, if you are successful. If you wish to claim interest, please indicate this and the date from which the interest should run.

7. *About your claim*

☐ 7.1. Claim for money

7.1.1. Amount of principal (excluding interest and costs): _____

7.1.2. Currency

☐ Euro (EUR)	☐ Bulgarian lev (BGN)	☐ Cypriot pound (CYP)
☐ Czech koruna (CZK)	☐ Estonian kroon (EEK)	☐ Pound Sterling (GBP)
☐ Hungarian forint (HUF)	☐ Latvian lats (LVL)	☐ Lithuanian litas (LTL)
☐ Maltese lira (MTL)	☐ Polish zloty (PLN)	☐ Romanian leu (RON)
☐ Swedish kronor (SEK)	☐ Slovak koruna (SKK)	

☐ Other (please specify): _____

☐ 7.2. Other claim:

7.2.1. Please specify what you are claiming: _____

7.2.2. Estimated value of the claim: _____

Currency:

☐ Euro (EUR)	☐ Bulgarian lev (BGN)	☐ Cypriot pound (CYP)
☐ Czech koruna (CZK)	☐ Estonian kroon (EEK)	☐ Pound Sterling (GBP)
☐ Hungarian forint (HUF)	☐ Latvian lats (LVL)	☐ Lithuanian litas (LTL)
☐ Maltese lira (MTL)	☐ Polish zloty (PLN)	☐ Romanian leu (RON)
☐ Swedish kronor (SEK)	☐ Slovak koruna (SKK)	

☐ Other (please specify): _____

7.3. Are you claiming the costs of proceedings?

7.3.1. Yes ☐

7.3.2. No ☐

7.3.3. If yes, please specify which costs and indicate the amount claimed or incurred so far:

7.4. Are you claiming interest?

Yes ☐

No ☐

If yes, is the interest:

Contractual? ☐ If so, go to 7.4.1

Statutory? ☐ If so, go to 7.4.2

7.4.1. If contractual

(1) the rate is:

☐ _____ %

☐ _____ % above the base rate of the ECB

☐ other: _____

(2) the interest should run from: ___/___/_____ (date)

7.4.2. If statutory

the interest should run from: ___/___/_____ (date)

8. *Details of claim*

In 8.1. you should describe briefly the substance of your claim.

In 8.2. you should describe any relevant supporting evidence. This could, for example, be written evidence (e.g. contracts, receipts, etc.) or oral or written statements from witnesses. For each piece of evidence, please indicate which aspect of your claim it is intended to support.

If space is insufficient, you can add additional sheets.

8. *Details of claim*

8.1. Please give reasons for your claim, for example what happened, where and when.

8.2. Please describe the evidence you wish to put forward to support your claim and state which points of the claim it supports. Where appropriate, you should add relevant supporting documents.

8.2.1. Written evidence ☐ please specify below

8.2.2. Witnesses ☐ please specify below

8.2.3. Other ☐ please specify below

Oral hearing: Please note that the European Small Claims Procedure is a written procedure. However, you can request, in this form or at a later stage, that an oral hearing be held. The court/tribunal may decide to hold an oral hearing if it considers it necessary for the fair conduct of the proceedings or it may refuse it, having regard to all the circumstances of the case.

8.3. Do you want an oral hearing to be held?

Yes ☐

No ☐

If yes, please indicate reasons (*)

9. *Certificate*

A judgment given in a Member State in the European Small Claims Procedure can be recognised and enforced in another Member State. If you intend to ask for recognition and enforcement in a Member State other than that of the court/tribunal, you can request in this form that the court/tribunal, after having made a decision in your favour, issue a certificate concerning that judgment.

9. *Certificate*

I ask the court/tribunal to issue a certificate concerning the judgment

Yes ☐

No ☐

10. *Date and signature*

Please make sure that you write your name clearly and sign and date your application at the end.

10. *Date and signature*

I hereby request that the court/tribunal give a judgment against the defendant on the basis of my claim.

I declare that the information provided is true to the best of my knowledge and is given in good faith.

Done at: _____

Date: ___/___/_____

Name and signature:

Appendix to the claim form (Form A)

Bank details (*) **for the purposes of payment of the application fee**

Account holder/credit card holder:
Bank name, BIC or other relevant bank code/credit card company:
Account number or IBAN/credit card number, expiry date and security number of the credit card:

(*) Optional.

ANNEX II

EUROPEAN SMALL CLAIMS PROCEDURE

FORM B

REQUEST BY THE COURT OR TRIBUNAL TO COMPLETE AND/OR RECTIFY THE CLAIM FORM

(Article 4(4) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

To be filled in by the court/tribunal

Case number:

Received by the court/tribunal on: ___/___/_____.

1. *Court/tribunal*

1.1. Name:

1.2. Street and number/PO box:

1.3. City and postal code:

1.4. Country:

2. *Claimant*

2.1. Surname, first name/name of company or organisation:

2.2. Street and number/PO box:

2.3. City and postal code:

2.4. Country:

2.5. Telephone (*):

2.6. E-mail (*):

2.7. Claimant's representative, if any, and contact details (*):

2.8. Other details (*):

3. *Defendant*

3.1. Surname, first name/name of company or organisation:

3.2. Street and number/PO box:

3.3. City and postal code:

3.4. Country:

3.5. Telephone (*):

3.6. E-mail (*):

3.7. Defendant's representative, if any, and contact details (*):

3.8. Other details (*):

(*) Optional.

The court/tribunal has examined your claim form and considers it to be inadequate or insufficiently clear or not properly filled in: please complete and/or rectify your form in the language of the court/tribunal as indicated below as soon as possible and at the latest by _____.

The court/tribunal shall dismiss your application under the conditions provided for in Regulation (EC) No 861(*)/2007 if you fail to complete and/or rectify it within the time limit set out above.

Your claim form has not been filled in the correct language. Please fill it in one of the following languages.

Bulgarian	☐	Czech	☐	German	☐
Estonian	☐	Spanish	☐	Greek	☐
French	☐	Irish	☐	Italian	☐
Latvian	☐	Lithuanian	☐	Hungarian	☐
Maltese	☐	Dutch	☐	Polish	☐
Portuguese	☐	Romanian	☐	Slovak	☐
Slovene	☐	Finnish	☐	Swedish	☐
English	☐	Other: (please specify)	_____		

The following sections of the claim form must be completed and/or rectified as stated below:

—

—

—

—

Done at:

Date: ___/___/_____

Signature and/or stamp:

ANNEX III

EUROPEAN SMALL CLAIMS PROCEDURE

FORM C

ANSWER FORM

(Article 5(2) and 5(3) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

IMPORTANT INFORMATION AND GUIDELINES FOR THE DEFENDANT

A claim as set out in the attached claim form has been submitted against you using the European Small Claims Procedure.

You can answer by filling in Part II of this form and returning it to the court/tribunal, or in any other appropriate way, within 30 days after the claim form has been served on you together with the answer form.

Please note that if you do not answer within 30 days, the court/tribunal shall give a judgment.

Please make sure that you write your name clearly and sign and date the answer form at the end.

You should also read the guidelines included in the claim form; these may help you to prepare your response.

Language: You should reply to the claim in the language of the court/tribunal which has sent you this form.

Please note that the form is available in all official languages of the institutions of the European Union on the website of the European Judicial Atlas at http://ec.europa.eu/justice_home/judicialatlascivil/html/index_en.htm. This may help you in filling in the form in the required language.

Oral hearing: Please note that the European Small Claims Procedure is a written procedure. However, you can ask for an oral hearing to be held. Please be aware that having regard to the circumstances of the case, the court/tribunal can refuse this request.

Supporting documents: You can indicate possible means of evidence, and add, where appropriate, supporting documents.

Counterclaim: If you want to make a claim against the claimant (counterclaim), you should fill in and attach a separate Form A which you can find on the Internet at http://ec.europa.eu/justice_home/judicialatlascivil/html/fillinginformation_en.htm or obtain from the court/tribunal which sent you this form. Please note that for the purposes of the counterclaim you are considered to be the claimant.

Correcting your details: You can also correct or supplement information about yourself (e.g. contact details, representative etc.) in section 6 'Other information'.

Extra space: If space is insufficient, you can add additional sheets.

Part I (to be filled in by the court/tribunal)

Name of claimant:

Name of defendant:

Court/tribunal:

Claim:

Case number:

Part II (to be filled in by the defendant)

1. Do you accept the claim?

   Yes ☐

   No ☐

   Partially ☐

   If you have answered 'no' or 'partially', please indicate reasons:

   The claim is outside the scope of the European Small Claims Procedure ☐

   please specify below

   Other ☐

   please specify below

2. If you do not accept the claim please describe the evidence you wish to put forward to contest it. Please state which points of your answer the evidence supports. Where appropriate, you should add relevant supporting documents.

   2.1. Written evidence ☐ please specify below

   2.2. Witnesses ☐ please specify below

   2.3. Other ☐ please specify below

3. Do you want an oral hearing to be held?

   Yes ☐

   No ☐

   If yes, please indicate reasons (*):

4. Are you claiming the costs of proceedings?

   4.1. Yes ☐

   4.2. No ☐

   4.3. If yes, please specify which costs and if possible, indicate the amount claimed or incurred so far:

5. Do you want to make a counterclaim?

   5.1. Yes ☐

   5.2. No ☐

   5.3. If yes, please fill in and attach a separate Form A

6. Other information (*)

7. Date and signature

   I declare that the information provided is true to the best of my knowledge and is given in good faith.

   Done at: _____

   Date: ___/___/_____

   Name and signature:

(*) Optional.

ANNEX IV

EUROPEAN SMALL CLAIMS PROCEDURE

FORM D

CERTIFICATE CONCERNING A JUDGMENT IN THE EUROPEAN SMALL CLAIMS PROCEDURE

(Article 20(2) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

To be filled in by the court/tribunal

1. *Court/tribunal*

1.1. Name:

1.2. Street and number/PO box:

1.3. City and postal code:

1.4. Country:

2. *Claimant*

2.1. Surname, first name/name of company or organisation:

2.2. Street and number/PO box:

2.3. City and postal code:

2.4. Country:

2.5. Telephone (*):

2.6. E-mail (*):

2.7. Claimant's representative, if any, and contact details (*):

2.8. Other details (*):

3. *Defendant*

3.1. Surname, first name/name of company or organisation:

3.2. Street and number/PO box:

3.3. City and postal code:

3.4. Country:

3.5. Telephone (*):

3.6. E-mail (*):

3.7. Defendant's representative, if any, and contact details (*):

3.8. Other details (*):

(*) Optional.

4. *Judgment*

4.1. Date:

4.2. Case number:

4.3. The substance of the judgment:

4.3.1. The court/tribunal has ordered _____ to pay to _____

(1) Principal:

(2) Interest:

(3) Costs:

4.3.2. The court/tribunal has made an order against _____ to _____

(If the judgment was given by an appeal courtor in the case of a review of a judgment.)

This judgment supersedes the judgment given on ___/___/_____, case number _____, and any certificate relative thereto.

THE JUDGMENT WILL BE RECOGNISED AND ENFORCED IN ANOTHER MEMBER STATE WITHOUT THE NEED FOR A DECLARATION OF ENFORCEABILITY AND WITHOUT ANY POSSIBILITY OF OPPOSING ITS RECOGNITION.

Done at: _____

Date: ___/___/_____

Signature and/or stamp