Claim Form

In the

	for court use only
Claim No.	
Issue date	

Claimant(s) name(s) and address(es) including postcode

SEAL

Defendant(s) name

Brief details of claim

Value

You must indicate your preferred court for hearings here *(see notes for guidance)*

Defendant's name and address, including postcode

	£
Amount claimed	
Court fee	
Solicitor's costs	
Total amount	

When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

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Claim No.	

Does, or will, your claim include any issues under the Human Rights Act 1998? ☐ Yes ☐ No

Particulars of Claim (attached)(to follow)

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in these particulars of claim are true.

* I am duly authorised by the claimant to sign this statement

Full name _____

Name of claimant's solicitor's firm _____

signed _____ position or office held _____

*(Claimant)(Litigation friend)(Claimant's solicitor) (if signing on behalf of firm or company)

**delete as appropriate*

Claimant's or claimant's solicitor's address to which documents or payments should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.