



Claim Form (probate claim)

In the	
Claim no.	
Fee Account no.	

In the estate of

deceased (Probate)

Claimant(s)

SEAL

Defendant(s)

Brief details of claim

Defendant's
name and
address
(including
postcode)

Court fee	
Legal Representative's costs	To be assessed
Issue date	

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 this claim form are true.

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

signed _____ date _____

*(Claimant)(Litigation friend(*where claimant is a child or a protected party*))(Claimant's legal representative)

**delete as appropriate*

Full name _____

Name of claimant's legal representative's firm _____

position or office held _____
(if signing on behalf of a company)

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