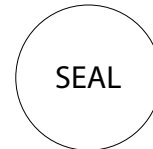




Claim Form (CPR Part 8)

In the											
Claim no.											
Fee Account no.											
Help with Fees - Ref no. (if applicable)	<table><tr><td>H</td><td>W</td><td>F</td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>	H	W	F	-			-			
H	W	F	-			-					

Claimant



Defendant(s)

Does your claim include any issues under the Human Rights Act 1998?

☐ Yes

☐ No

Details of claim *(see also overleaf)*

Defendant's
name and
address

--

£

Court fee	
Legal representative's costs	
Issue date	

For further details of the courts www.gov.uk/find-court-tribunal.

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

Claim no.

Details of claim *(continued)*

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 legal representative's firm _____

signed _____ position or office held _____

*(Claimant)(Litigation friend)

(Legal representative's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.