



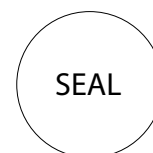
# Claim form for possession of property

In the	
Claim no.	
Fee Account no.	

You may be able to issue your claim online and it may save you time and money. Go to [www.possessionclaim.gov.uk](http://www.possessionclaim.gov.uk) to find out more.

## Claimant

(name(s) and address(es))



## Defendant(s)

(name(s) and address(es))

The claimant is claiming possession of :

which (includes) (does not include) residential property. Full particulars of the claim are attached.  
(The claimant is also making a claim for money).

This claim will be heard on: 20 at am/pm

at

## At the hearing

- The court will consider whether or not you must leave the property and, if so, when.
- It will take into account information the claimant provides and any you provide.

## What you should do

- Get help and advice immediately from a solicitor or an advice agency.
- Help yourself and the court by **filling in the defence form** and **coming to the hearing** to make sure the court knows all the facts.

Defendant's name and address for service

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Court fee	
Legal representative's costs	
<b>Total amount</b>	

Issue date

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Claim No.	
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**Grounds for possession**

The claim for possession is made on the following ground(s):

- ☐ rent arrears (online issue available)
- ☐ other breach of tenancy
- ☐ forfeiture of the lease
- ☐ mortgage arrears (online issue available)
- ☐ other breach of the mortgage
- ☐ trespass
- ☐ other *(please specify)* \_\_\_\_\_

**Anti-social behaviour**

The claimant is alleging:

- ☐ actual or threatened anti-social behaviour
- ☐ actual or threatened use of the property for unlawful purposes

Is the claimant claiming demotion of tenancy?

☐ Yes ☐ No

Is the claimant claiming an order suspending the right to buy?

☐ Yes ☐ No

See full details in the attached particulars of claim

Does, or will, the claim include any issues under the Human Rights Act 1998?

☐ Yes ☐ No

**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 the claimant is a child or a patient)*)(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 firm or company)*

Claimant's or claimant's legal representative's address to which documents or payments should be sent if different from overleaf.

Postcode

*if applicable*

Ref. no.

fax no.

DX no.

e-mail

Tel. no.