



# Claim form for relief against forfeiture

In the	
Claim no.	
Fee Account no.	

Claimant



Defendant(s)

The claimant is interested in the lease dated 20 , of the property:

The defendant, as the person entitled to the reversion on the lease, on 20 , forfeited or served notice of intention to forfeit the lease.

The claimant seeks relief from that forfeiture so that the lease can continue.

Full particulars of the claim are [overleaf][attached].

**The claim will be heard on:** 20 at am/pm  
at

Defendant's  
name and  
address  
(including  
postcode)  
for service

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Court fee	£
Legal Representative's Costs	£
Total amount	£
Issue date	

<b>Claim no.</b>	
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Particulars of Claim [are attached]

# Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

- ☐ **I believe** that the facts stated in this claim form are true.
- ☐ **The Claimant** believes that the facts stated this claim form are true. **I am authorised** by the claimant to sign this statement.

## Signature

- ☐ Claimant
- ☐ Litigation friend (where claimant is a child or a patient)
- ☐ Claimant legal representative (as defined by CPR 2.3(1))

## Date

Day

Month

Year

Full name

Name of claimant legal representative’s firm

If signing on behalf of firm or company give position or office held

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

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If applicable

Phone number

Fax phone number

DX number

Your Ref.

Email