

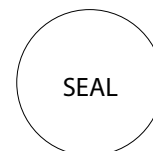


# Claim form for demotion of tenancy/suspension of right to buy

In the	
Claim no.	
Fee Account no.	

Claimant

(name(s) and address(es))



Defendant(s)

(name(s) and address(es))

The claimant is claiming a:

- ☐ demotion order  
☐ suspension order

in relation to the tenancy of:

which is a residential property. Full particulars of the claim are attached.

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

at

## At the hearing the court will consider:

- whether you have or a person residing in or visiting the property has, engaged or threatened to engage in anti-social behaviour; or used or threatened to use the property for unlawful purposes; and
- whether it is reasonable to make the order

## 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  
(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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The claimant is alleging:

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

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

☐ Yes ☐ No

# 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 in this section and any continuation sheets are true. **I am authorised** by the claimant to sign this statement.

## Signature

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

## Date

Day

Month

Year

## Full name

## Name of claimant’s 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 number

DX number

Your Ref.

Email