



**Claim Form**  
**(Admiralty claim)**

**In the High Court of Justice**  
**King's Bench Division**  
**Admiralty Court**

	<i>for court use only</i>
Claim No.	
Issue date	

Claimant(s)



Defendant(s)

Name and address of Defendant receiving this claim form

The Admiralty Registry within the Rolls Building, 7 Rolls Building, Fetter Lane, London, EC4A 1NL is open between 10am and 4.30pm Monday to Friday. Please address all correspondence to the Admiralty Registry and quote the claim number.

<b>Claim No.</b>	
------------------	--

Brief details of claim

Particulars of claim (\*attached)(\*will follow if an acknowledgment of service is filed that indicates an intention to defend the claim)

## Statement of truth

**Note:** you are reminded that a copy of this claim form must be served on all other parties.

I understand that proceedings for contempt of court may be brought against a person 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 and any attached sheets are true.
- ☐ **The claimant** believes that the facts stated in this claim form and any attached sheets are true. **I am authorised** by the claimant to sign this statement.

### Signature

- ☐ Claimant
- ☐ Litigation friend (where claimant is a child or protected party)
- ☐ 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

--	--	--	--	--	--	--	--

If applicable

Phone number

DX number

Your Ref.

Email