

## **Claim Form**

| In the                                      |       |
|---|-------|
| Fee Account no.                             |       |
| Help with Fees -<br>Ref no. (if applicable) | H W F |

|            | For court use only |
|------------|--------------------|
| Claim no.  |                    |
| Issue date |                    |

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode



Defendant(s) name and address(es) including postcode

Brief details of claim

Value

You must indicate your preferred County Court Hearing Centre for hearings here (see notes for guidance)

Defendant's name and address for service including postcode Amount claimed

Court fee

Legal representative's costs

Total amount

|   | Claim No.   |     |     |
|---|-------------|-----|-----|
| Does, or will, your claim include any issues under the Human Rights A | Act 1998? [ | Yes | □No |
| Particulars of Claim (attached)(to follow)                            |             |     |     |
|   |             |     |     |
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## **Statement of Truth**

| 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 <b>believe</b> that the facts stated in this particulars of claim are true.   |  |  |  |  |
| The Claimant believes that the facts stated this particulars of claim 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  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

| documents should be sent. |  |
|---------------------------|--|
| Building and street       |  |
| Second line of address    |  |
| Town or city              |  |
| County (optional)         |  |
| Postcode                  |  |
|                           |  |
|                           |  |
| If applicable             |  |
| Phone number              |  |
| Fax phone number          |  |
| DX number                 |  |
| Your Ref.                 |  |
| Email                     |  |
|                           |  |

Claimant's or claimant's legal representative's address to which