



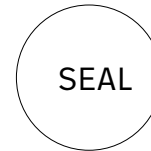
Claim Form

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.

In the	
Fee Account no.	
Help with Fees - Ref no. (if applicable)	H W F - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

For court use only	
Claim no.	
Issue date	

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



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

Brief details of claim

Value

Defendant's name and address for service including postcode

	£
Amount claimed	
Court fee	
Legal representative's costs	
Total amount	

For further details of the courts www.gov.uk/find-court-tribunal.
When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Claim no.

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

Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

No

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

Yes

No

Claim no.

Particulars of Claim

attached

to follow

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

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If applicable

Phone number

DX number

Your Ref.

Email