CLAIM FORM

In the { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	

	For court use only
Claim No.	**{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO**
Issue date	**{ FORMTEXT }**

SEAL.

Claimant:

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }

Defendant(s):

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = ""
"{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1TITLE } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }" }{ IF {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME } = "" ",
{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2TITLE } {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FORENAME } {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2SURNAME }" ", {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME }" }

Brief details of claim:
{ FORMTEXT }

Value:
{ FORMTEXT }

The Claimant seeks damages for her/his injuries and losses in excess of
£1,000.00 but the total claim will not exceed £5,000.00.

Defendant's Name and Address	{ IF { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1CONAME } = "" "{ MERGEFIELD TK_PIDEF1DETAIL_tk DEF1TITLE } { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1FORENAME } {	{ IF { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2CO NAME } = "" "{ MERGEFIELD TK_PIDEF2DET AIL_tkDEF2TIT LE } {	Amount claimed	£{ FORMTEXT }
			Court fee	£{ FORMTEXT }
			Solicitor's costs	£{ FORMTEXT }
			Total amount	£{ FORMTEXT }

MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1ADDRESS }" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1ADDRESS }" }	MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FORENAME } { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2SURNAME } { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2ADDRESS }" ", { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME } { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2ADDRESS }" }	Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

The court office at

{ FORMTEXT }

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No	{ FORMTEXT }

Does, or will, your claim include any issues under the Human Rights Act 1998?   **{ FORMCHECKBOX }** Yes   **{** **FORMCHECKBOX }** No

Particulars of Claim (Attached) (To follow)
{ FORMTEXT }

Statement of Truth
* (I believe) (The Claimant believes) that the facts stated in these particulars of claim are true.
* I am duly authorised by the Claimant to sign this statement

Full name: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }**

Name of Claimant's solicitor's firm: **{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }**

Signed: **{ FORMTEXT }**

Position or office held: **{ FORMTEXT }**
* (Claimant) (Litigation friend) (Claimant's solicitor) (if signing on behalf of a firm or company)
* delete as appropriate

{ FORMTEXT }

Claimant's or Claimant's solicitor's address to which documents or payments should be send if different from overleaf including (if appropriate) details of DX, fax or e-mail.