



## CLAIM FORM

In the { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	
	<i>For court use only</i>
Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
Issue date	{ FORMTEXT }

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_tkDEF1CONAME } = "" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1TITLE } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } {	{ IF { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME } = "" "{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2TITLE } {
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Amount claimed	£{ FORMTEXT }
Court fee	£{ FORMTEXT }
Solicitor's costs	£{ FORMTEXT }
Total amount	£{ FORMTEXT }

MERGEFIELD TK_PIDEF1DETAIL_tk DEF1SURNAME } { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1ADDRESS }" "{ MERGEFIELD TK_PIDEF1DETAIL_tk DEF1CONAME } { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1ADDRESS }" }	MERGEFIELD TK_PIDEF2DET AIL_tkDEF2FO RENAME } { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2SU RNAME } { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2AD DRESS }" ", { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2CO NAME } { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2AD DRESS }" }	Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
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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 }
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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.

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