

Claim Form (CPR Part 8)

In the		
Claim No.	{ FORMTEXT }	
Fee Account no.	{ FORMTEXT }	
Help with Fees - Ref no. (if applicable)	H W F - { { { { { { { { { { F F F F F F F F	{FORMTEXT}

_				
C	2	ım	2	ni
	$\boldsymbol{\alpha}$		$\boldsymbol{\alpha}$	

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } { MERGEFIELD CALCULATION_ADDRESS }



Defendant(s)

{ IF { MERGEFIELD EL_2_2_2_EL_COMPANYNAME } = "" "{ MERGEFIELD EL_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_1_EL_SURNAME } of { MERGEFIELD EL_2_2_1_EL_ADD_HOUSENAM \f", " } { MERGEFIELD EL_2_2_1_EL_ADD_HOUSENUM \f", " } { MERGEFIELD EL_2_2_1_EL_ADD_STREET1 \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " } { MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " } { MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE } " "{ MERGEFIELD EL_2_2_2_EL_ADD_HOUSENAM \f", " } { MERGEFIELD EL_2_2_2_EL_ADD_HOUSENAM \f", " } { MERGEFIELD EL_2_2_2_EL_ADD_STREET2 \f", " } { MERGEFIELD EL_2_2_2_EL_ADD_STREET1 \f", " } { MERGEFIELD EL_2_2_2_EL_ADD_STREET2 \f", " } { MERGEFIELD EL_2_2_2_EL_ADD_COUNTY \f" " } }

Does your claim include any issues under the Human Rights Act 1998?	{ FORMCHECKBOX } Yes
{ FORMCHECKBOX } No	
Details of claim (see also overleaf)	
{ FORMTEXT }	

			£
Defendant's name and	{ IF { MERGEFIELD EL_2_2_2_EL_COMPANYNAME }=	Court fee	{ FORMTEXT }
address	"" "{ MERGEFIELD	Legal representative's costs	{ FORMTEXT }
	EL_2_2_1_EL_NAME } { MERGEFIELD	Issue date	{FORMTEXT}
	EL_2_2_1_EL_MIDDLENAME } {	issue date	(FORWITEXT)
	MERGEFIELD EL_2_2_1_EL_SURNAME } of {		
	MERGEFIELD		
	EL_2_2_1_EL_ADD_HOUSENAM \f",		
	" }{ MERGEFIELD		
	EL_2_2_1_EL_ADD_HOUSENUM \f", " }{ MERGEFIELD		
	EL_2_2_1_EL_ADD_STREET1 \f", "		
	}{ MERGEFIELD		
	EL_2_2_1_EL_ADD_STREET2 \f", " }{ MERGEFIELD		
	EL 2 2 2 1 EL ADD DISTRICT \f", "		
	}{ MERGEFIELD		
	EL_2_2_2_1_EL_ADD_CITY \f", " }{		
	MERGEFIELD EL_2_2_1_EL_ADD_COUNTY \f" " \{		
	MERGEFIELD		
	EL_2_2_1_EL_ADD_POSTCODE }"		
	"{ MERGEFIELD		
	EL_2_2_2_EL_COMPANYNAME } of { MERGEFIELD		
	EL_2_2_2_EL_ADD_HOUSENAM \f",		
	" }{ MERGEFIELD		
	EL_2_2_2_EL_ADD_HOUSENUM \f",		
	" }{ MERGEFIELD EL_2_2_2_EL_ADD_STREET1 \f", "		
	}{ MERGEFIELD		
	EL_2_2_2_EL_ADD_STREET2 \f", "		
	<pre>}{ MERGEFIELD EL_2_2_2_EL_ADD_DISTRICT \f", "</pre>		
	}{ MERGEFIELD		
	EL_2_2_2_EL_ADD_CITY \f", " }{		
	MERGEFIELD		
	EL_2_2_2_EL_ADD_COUNTY \f" " \{ MERGEFIELD		
	EL_2_2_2_EL_ADD_POSTCODE }" }		

		Claim No.	{FORMTEXT}
Details of claim (continued)			
{ FORMTEXT }			
	Claimant's or claima address to which do different from overle	cuments sho	ould be sent if
	accept service by Didetails.	X, fax or e-m	ail, please add

Statement of Truth
I understand that proceedings for contempt of Court may be 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.
{ FORMCHECKBOX } I believe that the facts stated in this particulars of claim are true.
{ FORMCHECKBOX } The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.
Signature
{ FORMCHECKBOX } Claimant
{ FORMCHECKBOX } Litigation friend (where claimant is a child or a Protected Party)
{ FORMCHECKBOX } 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
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
If signing on behalf of firm or company give position or office held

Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter