

Claim Form

In the

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

«CLIENT_HOUSE», «CLIENT_AREA», «CLIENT_POSTAL_TOWN», «CLIENT_COUNTY» «CLIENT_POSTCODE»

«LINKNAME_HOUSE_2», «LINKNAME_AREA_2», «LINKNAME_POSTAL_TOWN_2», «LINKNAME_COUNTRY_2» Defendant(s) name and address(es) including postcode

Fee Account no.	
Help with Fees - Ref no. (if applicable)	H W F
	For court use only
Claim No.	

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(SEAL.)	

Brief details of claim

Value

You must indicate your preferred court for hearings here (see notes for guidance) «FW_LIT_ORGS_FW_COURT_name»

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.			
Does, or will, your claim include any issues under the Human Rights Act 1998	?	🗌 Yes	🗌 No	
Particulars of Claim (Attached) (To follow)				

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.		
☐ I believe 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 eleiment's level representative's firms		
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

«BRANCHINFO_HOUSE»

Second line of address

«BRANCHINFO_AREA»

Town or city

«BRANCHINFO_POSTAL_TO

County (optional)

«BRANCHINFO_COUNTY»

Postcode

«BRANCHINFO_POST

If applicable

Phone number

«BRANCHINFO_PHON

Fax phone number

«BRANCHINFO_FAX_

DX number

«BRANCHINFO_DX_NO»

Your ref.

«MATTER_FEE_EARN

Email

«CALCULATION_FEE_EARNER_EMAIL»