



Claim Form (CPR Part 8)

In the	
Claim no.	
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"/> <input type="text"/> <input type="text"/>

Claimant



Defendant(s)

Does your claim include any issues under the Human Rights Act 1998? Yes No

Details of claim *(see also overleaf)*

Defendant's name and address

	£
Court fee	
Legal representative's costs	
Issue date	

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. _____

Details of claim *(continued)*

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 _____

Name of claimant's legal representative's firm _____

signed _____ position or office held _____

*(Claimant)(Litigation friend)
(Legal representative's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Blank area for signature or stamp.

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.