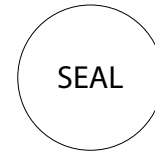




Claim Form (CPR Part 8)

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*

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.