



Claim Form (Additional claims - CPR Part 20)

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"/>

Claimant(s)

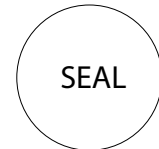
Defendant(s)

Part 20 Claimant(s)

Part 20 Defendant(s)

Brief details of claim

Value



Defendant's name and address

£

Amount claimed	
Court fee	
Legal representative's costs	
Total amount	

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.

Particulars of Claim (attached)

Statement of Truth

*(I believe)(The Part 20 claimant believes) that the facts stated in these particulars of claim are true.

* I am duly authorised by the Part 20 claimant to sign this statement.

Full name _____

Name of Part 20 claimant's legal representative's firm _____

signed _____ position or office held _____

*(Part 20 claimant)(Litigation friend)
(Legal representative's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Part 20 claimant ('s legal representative's) address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.