

Form 100 – Request for Lodgment

Please use **BLOCK CAPITALS**

Before completing this form, please read the Notes for guidance

In the Division Of

The High Court/ District Registry/County Court

Claim Number
{ MERGEFIELD TK_PICOURTDETS }

Please ensure that you answer the relevant question(s) below otherwise this form **may be returned to you.**

Full Action Title	
Claimant { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }	
- V -	
Defendant { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }= "" { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" " { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }" }	

Has a previous lodgment been made in this action?

(please tick)
Yes {
FORMCHECK
BOX } No {
FORMCHECK
BOX }

Has a Certificate of Total Benefit been issued under Section 22 of the Social Security Act 1989?

Yes {
FORMCHECK
BOX } No {
FORMCHECK
BOX }

If YES, a copy of the Certificate must accompany this form

Does this case involve:

a child { FORMCHECKBOX } a
patient { FORMCHECKBOX } not
applicable { FORMCHECKBOX }

I ask the Accountant General to receive into court for lodgment to the above account

£ which is paid in (complete relevant section below)

- Under order dated

{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
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 copy attached (see Notes for guidance)
- On behalf of
Against the claim of with the defence setting up tender.
- For the following reason

Signed _____	Dated <input type="text" value="{ FORMTEXT }"/> / <input type="text" value="{ FORMTEXT }"/> / <input type="text" value="{ FORMTEXT }"/>	<input type="text" value=""/>
		Name & address of other side / their solicitors
Name (or name of solicitors) Postal Address	<input type="text" value="{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }"/>	<input type="text" value="{ FORMTEXT }"/>
DX Address	<input type="text" value="{ MERGEFIELD PRACTICEINFO_HOUSE }
{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN }
{ MERGEFIELD PRACTICEINFO_COUNTY }
{ MERGEFIELD PRACTICEINFO_DX_NO }"/>	<input type="text" value="{ FORMTEXT }"/>
I am the (Solicitor for the)	<input type="text" value="{ FORMTEXT }"/>	<input type="text" value="{ FORMTEXT }"/>
Ref <input type="text" value="{ MERGEFIELD MATTER_FEE_EARNER_ID } / { MERGEFIELD client_no } / { MERGEFIELD matter_no }"/>		Ref <input type="text" value="{ FORMTEXT }"/>

All payments into court are made to: **Court Funds Office, 22 Kingsway, London, WC2B 6LE** or via DX to: **DX:149780 Kingsway 5**. Cheques must be made payable to: ACCOUNTANT GENERAL OF THE SENIOR COURTS

For CFO use

Date Stamp/Seal	CFO Account Number				Bank Date/Receipt Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Location Code	Placed To			
	<input type="text"/>	<input type="text" value="B"/>	<input type="text" value="S"/>		
	Date Input	FAS code	Initials		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Lodgment
approved _____

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Form 100 – Notes for Guidance

Completing the form

- At the top of the Form 100, you must give the name of the county court in which the claim is proceeding. If the claim is in the High Court you must give the name of the District Registry and specify the Division of the High Court, i.e. Queen's Bench, Chancery, Admiralty or Family in which the claim is proceeding
- The **Full Action Title** is the name of the case as it appears on the order or order for payment into court
- The Claim Number is the reference number given by the court on the top right hand corner of the order
- You must answer each of the three questions by ticking the appropriate box and, if applicable, submit a copy of a Certificate of Total Benefit or Certificate of Deduction with your form.
- The form must specify the amount being paid into court
- If you are paying in for the benefit of more than one claimant, a Form 100 per claimant is desired
- Only complete one box marked **1**, **2**, and **3**

1

must be completed when funds are paid into court pursuant to an order. A sealed copy of the order must be provided with the form. If you are unable to obtain a sealed copy of the order, then ensure that the Form 100 is sealed by the relevant court instead

2

should only be completed if the defendant is paying money into court in support of a defence of tender. A copy of the defence and a copy of the claim form should be submitted

3

should only be completed when none of the other boxes is applicable, such as in the case of a refund of an over-payment

The form must be signed and dated by the person making the payment into court. You must also include your name and address and reference and those of the other side or their solicitor(s) if they have one.

You must serve a copy of the form on the other party as notice that funds have been paid into the Court Funds Office and file a copy of the form with the court

Where to send the payment.

The payment, completed form and other documents must be sent to the:
**Court Funds Office, 22 Kingsway, London WC2B 6LE, or by the DX system to the:
Court Funds Office, DX 149780 Kingsway 5**

DO NOT SEND OR TAKE PAYMENTS TO THE COURT UNLESS YOU ARE A LITIGANT IN PERSON WITHOUT A BANK ACCOUNT.

Cheques must be signed, dated within the last 6 months and be made payable to the:

'Accountant General Of The Senior Courts'

If you intend to lodge cash, please ensure you have a valid photo ID such as a passport or driving licence.

Checklist - have you enclosed the:

{ Cheque / Banker's Draft
FOR Completed Form(s) 100

MCH } A sealed copy of the order for payment into court / claim form and copy of defence
ECKB
OX }
{
FOR
MCH
ECKB
OX }
{
FOR
MCH
ECKB
OX }

{ Have you sent a copy of the Form 100 to the other party as notice of funds available?
FOR
MCH
ECKB
OX }

Require assistance? Please call one of our Customer Services advisors: 0845 223 8500
