



CLAIM FORM

In the { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	
<i>For court use only</i>	
Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
Issue date	{ FORMTEXT }

Claimant:

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }



Defendant(s):

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = ""
"{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1TITLE } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }" } { IF {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME } = "" ",
{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2TITLE } {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FORENAME } {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2SURNAME }" ", {
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2CONAME }" }

Brief details of claim:

{ FORMTEXT }

Value:

{ FORMTEXT }

The Claimant seeks damages for her/his injuries and losses in excess of
£1,000.00 but the total claim will not exceed £5,000.00.

Defendant's
Name and
Address

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1CONAME } = "" "{ MERGEFIELD TK_PIDEF1DETAIL_tk DEF1TITLE } { MERGEFIELD TK_PIDEF1DETAIL_tk DEF1FORENAME } {	{ IF { MERGEFIELD TK_PIDEF2DET AIL_tkDEF2CO NAME } = "" "{ MERGEFIELD TK_PIDEF2DET AIL_tkDEF2TIT LE } {
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Amount claimed	£{ FORMTEXT }
Court fee	£{ FORMTEXT }
Solicitor's costs	£{ FORMTEXT }
Total amount	£{ FORMTEXT }

MERGEFIELD	MERGEFIELD
TK_PIDEF1DETAIL_tk	TK_PIDEF2DET
DEF1SURNAME }	AIL_tkDEF2FO
{ MERGEFIELD	RENAME } {
TK_PIDEF1DETAIL_tk	MERGEFIELD
DEF1ADDRESS }" "{	TK_PIDEF2DET
MERGEFIELD	AIL_tkDEF2SU
TK_PIDEF1DETAIL_tk	RNAME }
DEF1CONAME }	{ MERGEFIELD
{ MERGEFIELD	TK_PIDEF2DET
TK_PIDEF1DETAIL_tk	AIL_tkDEF2AD
DEF1ADDRESS }" }	DRESS }" ", {
	MERGEFIELD
	TK_PIDEF2DET
	AIL_tkDEF2CO
	NAME }
	{ MERGEFIELD
	TK_PIDEF2DET
	AIL_tkDEF2AD
	DRESS }" }

Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
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The court office at

{ FORMTEXT }

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No	{ FORMTEXT }
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Does, or will, your claim include any issues under the Human Rights Act 1998? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

Particulars of Claim (Attached) (To follow)
{ FORMTEXT }

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: { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }

Name of Claimant's solicitor's firm: { MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

Signed: { FORMTEXT }

Position or office held: { FORMTEXT }

* (Claimant) (Litigation friend) (Claimant's solicitor) (if signing on behalf of a firm or company)

* delete as appropriate

{ FORMTEXT }

Claimant's or Claimant's solicitor's address to which documents or payments should be send if different from overleaf including (if appropriate) details of DX, fax or e-mail.

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