



# Claim Form

You may be able to issue your claim online which may save time and money. Go to [www.moneyclaim.gov.uk](http://www.moneyclaim.gov.uk) to find out more.

Claimant(s) name(s) and address(es) including postcode  
{ FORMTEXT }

Defendant(s) name and address(es) including postcode  
{ FORMTEXT }

Brief details of claim  
{ FORMTEXT }

Value  
{ FORMTEXT }

You must indicate your preferred court for hearings here (*see notes for guidance*)  
{ FORMTEXT }

Defendant's name and address for service including postcode

{ FORMTEXT }

In the { FORMTEXT }	
Fee Account no.	{ FORMTEXT }
Help with Fees - Ref no. (if applicable)	H W F -
	{ FORMTEXT } - { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }
<i>For court use only</i>	
Claim No.	{ FORMTEXT }
Issue date	{ FORMTEXT }



	£
Amount claimed	{ FORMTEXT }
Court fee	{ FORMTEXT }

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Legal representative's costs	{ FORMTEXT }
Total amount	{ FORMTEXT }

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For further details of the courts [www.gov.uk/find-court-tribunal](http://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.

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

{ FORMCHECKBOX }

Particulars of Claim (Attached) (To follow)

{ FORMTEXT }

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## Statement of Truth

I understand that proceedings for contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

{ FORMCHECKBOX } I believe that the facts stated in this particulars of claim are true.

{ FORMCHECKBOX } The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.

## Signature

{ FORMCHECKBOX } Claimant

{ FORMCHECKBOX } Litigation friend (where judgment creditor is a child or a patient)

{ FORMCHECKBOX } Claimant's legal representative (as defined by CPR 2.3(1))

## Date

Day

Month

Year

Full name

Name of claimant's legal representative's firm

If signing on behalf of firm or company give position or office held

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable

Phone number

Fax phone number

DX number

Your ref.

Email