



Claim Form

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
 { MERGEFIELD CALCULATION_ADDRESS }



Defendant(s) name and address(es) including postcode

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME } of { MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_CITY \f", " } { MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " } { MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME } of { MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENAM \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENUM \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_STREET1 \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_STREET2 \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_DISTRICT \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_CITY \f", " } { MERGEFIELD EL_2_2_2_2_EL_ADD_COUNTY \f" " } { MERGEFIELD EL_2_2_2_2_EL_ADD_POSTCODE }" }

Brief details of claim

Value

You must indicate your preferred court for hearings here (see notes for guidance)

{ MERGEFIELD ELPL_COURT_FW_COURT_name }

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

Defendant's name and address for service including postcode

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{ IF { MERGEFIELD
EL_2_2_2_2_EL_COMPANYNAME }= ""
"{ MERGEFIELD EL_2_2_2_1_EL_NAME
}{ MERGEFIELD
EL_2_2_2_1_EL_MIDDLENAME }{
MERGEFIELD
EL_2_2_2_1_EL_SURNAME } of {
MERGEFIELD
EL_2_2_2_1_EL_ADD_HOUSENAM \f", "
}{ MERGEFIELD
EL_2_2_2_1_EL_ADD_HOUSENUM \f", "
}{ MERGEFIELD
EL_2_2_2_1_EL_ADD_STREET1 \f", " }{
MERGEFIELD
EL_2_2_2_1_EL_ADD_STREET2 \f", " }{
MERGEFIELD
EL_2_2_2_1_EL_ADD_DISTRICT \f", " }{
MERGEFIELD
EL_2_2_2_1_EL_ADD_CITY \f", " }{
MERGEFIELD
EL_2_2_2_1_EL_ADD_COUNTY \f" " }{
MERGEFIELD
EL_2_2_2_1_EL_ADD_POSTCODE }" }{
MERGEFIELD
EL_2_2_2_2_EL_COMPANYNAME } of {
MERGEFIELD
EL_2_2_2_2_EL_ADD_HOUSENAM \f", "
}{ MERGEFIELD
EL_2_2_2_2_EL_ADD_HOUSENUM \f", "
}{ MERGEFIELD
EL_2_2_2_2_EL_ADD_STREET1 \f", " }{
MERGEFIELD
EL_2_2_2_2_EL_ADD_STREET2 \f", " }{
MERGEFIELD
EL_2_2_2_2_EL_ADD_DISTRICT \f", " }{
MERGEFIELD
EL_2_2_2_2_EL_ADD_CITY \f", " }{
MERGEFIELD
EL_2_2_2_2_EL_ADD_COUNTY \f" " }{
MERGEFIELD
EL_2_2_2_2_EL_ADD_POSTCODE }" }
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£

Amount claimed	{ FORMTEXT }
Court fee	{ FORMTEXT }
Legal representative's costs	{ FORMTEXT }
Total amount	{ FORMTEXT }

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.	{ 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 }

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

{ MERGEFIELD BRANCHINFO_HOUSE }

Second line of address

{ MERGEFIELD BRANCHINFO_AREA }

Town or city

{ MERGEFIELD }

County (optional)

{ MERGEFIELD }

Postcode

{ MERGEFIELD }

If applicable

Phone number

{ MERGEFIELD }

Fax phone number

{ MERGEFIELD }

DX number

{ MERGEFIELD BRANCHINFO_DX_NO }

Your ref.

{ MERGEFIELD }

Email

{ MERGEFIELD
CALCULATION_FEE_EARNER_EMAIL }