



# 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

{ MERGEFIELD LINKNAME\_FORENAME\_1 } { MERGEFIELD LINKNAME\_SURNAME\_1 }  
 { MERGEFIELD CALCULATION\_ADDRESS }



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

{ IF { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_COMPANYNAME } = "" "{ MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_NAME } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_MIDDLENAME } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_SURNAME }" "{ MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_COMPANYNAME }" } of { IF { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_COMPANYNAME } = "" "{ MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_HOUSENAME } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_HOUSENUMBER } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_STREET1 } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_STREET2 } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_DISTRICT } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_CITY } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_COUNTY } { MERGEFIELD RTA\_2\_2\_3\_1\_RTA\_POSTCODE }" "{ MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_HOUSENAME } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_HOUSENUMBER } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_STREET1 } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_STREET2 } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_DISTRICT } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_CITY } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_COUNTY } { MERGEFIELD RTA\_2\_2\_3\_2\_RTA\_POSTCODE }" }

Brief details of claim

Value

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

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

Defendant's name and address for service including postcode

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{ IF { MERGEFIELD
RTA_2_2_3_2_RTA_COMPANYNAME }=
"" "{ MERGEFIELD
RTA_2_2_3_1_RTA_NAME } {
MERGEFIELD
RTA_2_2_3_1_RTA_MIDDLENAME } {
MERGEFIELD
RTA_2_2_3_1_RTA_SURNAME }" "{
MERGEFIELD
RTA_2_2_3_2_RTA_COMPANYNAME }"
} of { IF { MERGEFIELD
RTA_2_2_3_2_RTA_COMPANYNAME }=
"" "{ MERGEFIELD
RTA_2_2_3_1_RTA_HOUSENAME } {
MERGEFIELD
RTA_2_2_3_1_RTA_HOUSENUMBER } {
MERGEFIELD
RTA_2_2_3_1_RTA_STREET1 } {
MERGEFIELD
RTA_2_2_3_1_RTA_STREET2 } {
MERGEFIELD
RTA_2_2_3_1_RTA_DISTRICT } {
MERGEFIELD RTA_2_2_3_1_RTA_CITY
} { MERGEFIELD
RTA_2_2_3_1_RTA_COUNTY } {
MERGEFIELD
RTA_2_2_3_1_RTA_POSTCODE }" "{
MERGEFIELD
RTA_2_2_3_2_RTA_HOUSENAME } {
MERGEFIELD
RTA_2_2_3_2_RTA_HOUSENUMBER } {
MERGEFIELD
RTA_2_2_3_2_RTA_STREET1 } {
MERGEFIELD
RTA_2_2_3_2_RTA_STREET2 } {
MERGEFIELD
RTA_2_2_3_2_RTA_DISTRICT } {
MERGEFIELD RTA_2_2_3_2_RTA_CITY
} { MERGEFIELD
RTA_2_2_3_2_RTA_COUNTY } {
MERGEFIELD
RTA_2_2_3_2_RTA_POSTCODE }" }
```

£

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](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.

<b>Claim No.</b>	
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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

{ 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 }