	Claim Form (CPR Part 8)	**In the** { FORMTEXT }											
		Claim No.	{ FORMTEXT }										
		Fee Account no.	{ FORMTEXT }										
		Help with Fees - **Ref no.** (if applicable)	**H**	**W**	**F**	**–**	{ FORM TEXT }	{ FORM TEXT }	{ FORM TEXT }	**–**	{ FORM TEXT }	{ FORM TEXT }	{ FORM TEXT }

Claimant

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

SEAL.

Defendant(s)

{ 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 **}**" **}**

Does your claim include any issues under the Human Rights Act 1998?   { FORMCHECKBOX } Yes
                    { FORMCHECKBOX } No

Details of claim *(see also overleaf)*

{ FORMTEXT }

				£
Defendant's name and address	**{** IF **{** MERGEFIELD RTA_2_2_3_2_RTA_COMPANYNAME **}**= "" "**{** MERGEFIELD RTA_2_2_3_1_RTA_NAME **} {** MERGEFIELD		Court fee	{ FORMTEXT }
			Legal representative's costs	{ FORMTEXT }
			Issue date	{ FORMTEXT }

| | 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 **}**" **}** | | |

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 }**

Details of claim *(continued)*

{ FORMTEXT **}**

{ FORMTEXT **}**

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.

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 claimant is a child or a Protected Party)

{ 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

Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a
form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-
information-charter