

Witness statement of «CALCULATION_FEE_EARNER_DESCRIPTION» of
«PRACTICEINFO_PRACTICE_NAME»

Filed on behalf of the Applicant/Intended Claimant

Number of witness statement: 1

Date: *[insert date]*

Claim No. «FW_CN_COURT_FW_CN_CT_CL_NO».

THE COUNTY COURT AT «FW_CN_COURT_FW_CN_COURT_NAME»

BETWEEN:

«LINKNAME_TITLE_1» «LINKNAME_FORENAME_1» «LINKNAME_SURNAME_1»

Applicant/Intended Claimant

and

Respondent/Intended Defendant

WITNESS STATEMENT OF

«CALCULATION_FEE_EARNER_DESCRIPTION»

ON BEHALF OF THE APPLICANT / INTENDED CLAIMANT

I, «CALCULATION_FEE_EARNER_DESCRIPTION» of «PRACTICEINFO_HOUSE»
«PRACTICEINFO_AREA» «PRACTICEINFO_POSTAL_TOWN» «PRACTICEINFO_COUNTY»
«PRACTICEINFO_POSTCODE» WILL SAY as follows:

1

Statement of Truth

I believe that the facts stated in this witness statement are true. 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.

Signed.....

Dated.....

Claim No.
«FW_CN_COURT_FW_CN_CT_CL_NO».

THE COUNTY COURT AT
«FW_CN_COURT_FW_CN_COURT_NAME»

BETWEEN:

«LINKNAME_TITLE_1»
«LINKNAME_FORENAME_1»
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Applicant / Intended Claimant

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WITNESS STATEMENT OF

«CALCULATION_FEE_EARNER_
DESCRIPTION»

ON BEHALF OF THE
APPLICANT / INTENDED
CLAIMANT

«PRACTICEINFO_PRACTICE_NAME»

«PRACTICEINFO_HOUSE»
«PRACTICEINFO_AREA»
«PRACTICEINFO_POSTAL_TOWN»
«PRACTICEINFO_COUNTY»
«PRACTICEINFO_POSTCODE»

«MATTER_FEE_EARNER_ID»\«client_no»\«matt
er_no»