

Filed on behalf of the Claimant

Number of witness statement: First

Date: *[insert date]*

Exhibits: *[insert number]* to *[insert number]*

Claim No.

THE COUNTY COURT AT

BETWEEN:

Jane Davies

Claimant

and

East Kent Hospitals University NHS Foundation Trust

Defendant

WITNESS STATEMENT OF

MS JANE DAVIES

I JANE DAVIES of 4 PRIVET DRIVE

GRAVESEND

DA12 1HP WILL SAY AS FOLLOWS:

- 1 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.
- 1 This witness statement was prepared on my behalf by Alex Hiscutt Solicitor following discussions [in person OR over the telephone OR *[insert other form of communication]*].
- 2 I am the claimant and I make this witness statement in support of my claim for []
- 3 The injuries I suffered were as follows:
- 4 *[insert text]*
- 5 *[insert text]*

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:.....

Print name:.....

Date:.....

Claim No.

THE COUNTY COURT AT

BETWEEN:

Jane Davies

Claimant

East Kent Hospitals University NHS Foundation Trust

Defendant

WITNESS STATEMENT OF

JANE DAVIES

Pracctice Ltd
Suite 1, Falstaff House
Sandy's Road
Malvern
Worcestershire
WR14 1JJ

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