



Claim Form

In the { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name } FORMTEXT }																																																																																																															
Fee Account no.	{ FORMTEXT }																																																																																																														
Help with Fees - Ref no. (if applicable)	<table border="1"> <tr> <td>H</td><td>W</td><td>F</td><td>-</td><td>{</td><td>{</td><td>{</td><td>-</td><td>{</td><td>{</td><td>{</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>F</td><td>F</td><td>F</td><td></td><td>F</td><td>F</td><td>F</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>O</td><td>O</td><td>O</td><td></td><td>O</td><td>O</td><td>O</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>R</td><td>R</td><td>R</td><td></td><td>R</td><td>R</td><td>R</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>M</td><td>M</td><td>M</td><td></td><td>M</td><td>M</td><td>M</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>T</td><td>T</td><td>T</td><td></td><td>T</td><td>T</td><td>T</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>E</td><td>E</td><td>E</td><td></td><td>E</td><td>E</td><td>E</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td></td><td>X</td><td>X</td><td>X</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>T</td><td>T</td><td>T</td><td></td><td>T</td><td>T</td><td>T</td> </tr> <tr> <td></td><td></td><td></td><td></td><td>}</td><td>}</td><td>}</td><td></td><td>}</td><td>}</td><td>}</td> </tr> </table>	H	W	F	-	{	{	{	-	{	{	{					F	F	F		F	F	F					O	O	O		O	O	O					R	R	R		R	R	R					M	M	M		M	M	M					T	T	T		T	T	T					E	E	E		E	E	E					X	X	X		X	X	X					T	T	T		T	T	T					}	}	}		}	}	}
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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.

	<i>For court use only</i>
Claim No.	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
Issue date	{ FORMTEXT }

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

{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
{ MERGEFIELD CALCULATION_ADDRESS }



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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }
{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }= "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Brief details of claim

{ FORMTEXT }

Value

{ FORMTEXT }

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

{ FORMTEXT }

Defendant's name and address for service including postcode

```
{ IF { MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRU
ST_name } <> "" "{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRU
ST_name }" "{ MERGEFIELD
"FW_CN_DEF1_FW_CN_D1_FNA
ME" } { MERGEFIELD
"FW_CN_DEF1_FW_CN_D1_SNA
ME"}" }
{ IF { MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRU
ST_name }= "" "{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_ADD
}" "{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRU
ST_address }" }
```

£

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	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
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Does, or will, your claim include any issues under the Human Rights Act 1998? { FORMCHECKBOX }
Yes { FORMCHECKBOX } No

Particulars of Claim { IF { MERGEFIELD FW_CN_COURT_FW_CN_CT_POC } = "Yes" "To follow" "Attached" }
{ 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 these 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

{ FORM
TEXT }

Month

{ FORMT
EXT }

Year

{ FORMT
EXT }

Full name

{ MERGEFIELD
"CALCULATION_FEE_EARNER_DESCRIPTION" }

Name of claimant's legal representative's firm

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

If signing on behalf of firm or company give position or office held

{ MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" }

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

```
{ MERGEFIELD PRACTICEINFO_HOUSE }
```

Second line of address

```
{ MERGEFIELD PRACTICEINFO_AREA }
```

Town or city

```
{ MERGEFIELD  
PRACTICEINFO_POSTAL_TOWN }
```

County (optional)

```
{ MERGEFIELD  
PRACTICEINFO_COUNTY }
```

Postcode

```
{ MERGEFIELD  
PRACTICEINFO_POSTCODE }
```

If applicable

Phone number

```
{ IF { MERGEFIELD  
CALCULATION_FEE_EARNE  
R_PHONE }= "" "{  
MERGEFIELD  
PRACTICEINFO_PHONE_NO  
}" "{ MERGEFIELD  
CALCULATION_FEE_EARNE  
R_PHONE }" }
```

Fax phone number

```
{ MERGEFIELD  
PRACTICEINFO_FAX_NO }
```

DX number

```
{ MERGEFIELD PRACTICEINFO_DX_NO }
```

Your ref.

```
{ MERGEFIELD "MATTER_FEE_EARNER_ID" }{  
MERGEFIELD "client_no" }{ MERGEFIELD "matter_no"  
}
```

Email

```
{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }
```

