Filed on behalf of the Claimant

Number of witness statement: First

Date: [insert date]

Exhibits: [insert number] to [insert number]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper}

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } Claimant

and

{ 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_SNAME" }" }

"FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }

Defendant

WITNESS STATEMENT OF

{ MERGEFIELD "LINKNAME_TITLE_1" * UPPER} { MERGEFIELD "LINKNAME_FORENAME_1" * UPPER} { MERGEFIELD "LINKNAME_SURNAME_1" * UPPER}

I { MERGEFIELD LINKNAME_FORENAME_1 * UPPER} { MERGEFIELD LINKNAME_SURNAME_1 * UPPER} of { MERGEFIELD CALCULATION_ADDRESS * UPPER} WILL SAY AS FOLLOWS:

- 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.
- This witness statement was prepared on my behalf by { MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" } { MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" } following discussions [in person OR over the telephone OR [insert other form of communication].
- 3 I am the claimant and I make this witness statement in support of my claim for []
- 4 The injuries I suffered were as follows:
- 5 [insert text]
- 6 [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:

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Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
 THE COUNTY COURT AT { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name \* UPPER}
                                                                BETWEEN:
    { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
        { 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" }" }
                                                                  Defendant
                                                     WITNESS STATEMENT OF
                  { MERGEFIELD "LINKNAME_FORENAME_1" \* UPPER } { MERGEFIELD
                                            "LINKNAME_SURNAME_1" \* UPPER}
                               { MERGEFIELD "PRACTICEINFO PRACTICE NAME" }
                                       { MERGEFIELD "PRACTICEINFO_HOUSE" \f "
                                       "}{ MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
                                    "}{ MERGEFIELD "PRACTICEINFO_COUNTY" \f"
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{ MERGEFIELD "MATTER_FEE_EARNER_ID" }\{ MERGEFIELD "client_no" }\{ MERGEFIELD

"}{ MERGEFIELD "PRACTICEINFO_POSTCODE"}

"matter_no" }