

Witness statement of { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } of {
MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

Filed on behalf of the Applicant/Intended Claimant

Number of witness statement: 1

Date: [insert date]

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_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }

Applicant/Intended Claimant

and

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } {
MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRUST_name }" }

Respondent/Intended Defendant

WITNESS STATEMENT OF

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION * UPPER}

ON BEHALF OF THE APPLICANT / INTENDED CLAIMANT

I, { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION * UPPER} of { MERGEFIELD
PRACTICEINFO_HOUSE * UPPER} { MERGEFIELD "PRACTICEINFO_AREA" * UPPER} {
MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" * UPPER} { MERGEFIELD
"PRACTICEINFO_COUNTY" * UPPER} { MERGEFIELD "PRACTICEINFO_POSTCODE" * UPPER}
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. { 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_TITLE_1 } {
MERGEFIELD LINKNAME_FORENAME_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }

Applicant / Intended Claimant

and

{ IF { MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRUST_name } = ""
"{ MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TITLE } {
MERGEFIELD
FW_CN_DEF1_FW_CN_D1_FNAME } {
MERGEFIELD
FW_CN_DEF1_FW_CN_D1_SNAME }" "{
MERGEFIELD
FW_CN_DEF1_FW_CN_D1_TRUST_name }" }

Respondent / Intended Defendant

WITNESS STATEMENT OF

{ MERGEFIELD
CALCULATION_FEE_EARNER_DESCRI
PTION * UPPER}

ON BEHALF OF THE
APPLICANT / INTENDED
CLAIMANT

{ MERGEFIELD
PRACTICEINFO_PRACTICE_NAME }

{ MERGEFIELD PRACTICEINFO_HOUSE }
{ MERGEFIELD "PRACTICEINFO_AREA" }
{ MERGEFIELD
"PRACTICEINFO_POSTAL_TOWN" }
{ MERGEFIELD "PRACTICEINFO_COUNTY" }
{ MERGEFIELD "PRACTICEINFO_POSTCODE" }

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