

Claim Form (Additional claims -CPR Part 20)

In the	
Claim no.	
Fee Account no.	
Help with Fees - Ref no. (if applicable)	H W F

Claimant(s)		
Defendant(s)		SEAL
Part 20 Claimant(s)		
Part 20 Defendant(s)		
Brief details of claim		
Value		
Defendant's name and address		£
Determant a name and address	Amount claimed	
	Court fee	
	Legal representative's costs	
	Total amount	
	Issue date	

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.
Particulars of Claim (attached)	
and the second of the second o	

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.					
I belie true.	I believe that the facts stated in this particulars of claim are true.				
The Part 20 Claimant believes that the facts stated this particulars of claim are true. I am authorised by the Part 20 claimant to sign this statement.					
Signature					
Part 2	0 Claimant				
Litigat	ion friend (where	e judgment credito	r is a child or a patient)		
	O Claimant's leg fined by CPR 2.3	gal representative 3(1))			
Date					
Day	Month	Year			
Full name					
Name of Pa	art 20 claimant	's legal representa	tive's firm		
If signing o	on behalf of firm	or company give	position or office held		

Part 20 Claimant's or Part 20 claimant's legal representative's address to which documents should be sent.

Building and street
Second line of address
Town or city
County (optional)
Postcode
f applicable
Phone number
ax number
OX number
our Ref.
Email