

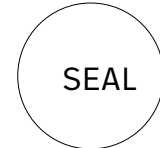


Claim Form (probate claim)

| | |
|-----------------|--|
| In the | |
| Claim no. | |
| Fee Account no. | |

In the estate of _____ deceased (Probate)

Claimant(s)



Defendant(s)

Brief details of claim

Defendant's name and address (including postcode)

| | |
|------------------------------|----------------|
| Court fee | |
| Legal Representative's costs | To be assessed |

| | |
|------------|--|
| Issue date | |
|------------|--|

Claim no.

Does, or will, your claim include any issues under the Human Rights Act 1998? Yes No

Particulars of Claim (attached)(to follow)

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.

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 believe that the facts stated in this claim form are true.

The Claimant believes that the facts stated in this claim form are true. **I am authorised** by the claimant to sign this statement.

Signature

Claimant

Litigation friend (where claimant is a child or a patient)

Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name of claimant's legal representative's firm

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