



Claim Form (Additional claims - CPR Part 20)

In the	
Claim no.	
Fee Account no.	
Help with Fees - Ref no. (if applicable)	H W F - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Claimant(s)

Defendant(s)

Part 20 Claimant(s)

Part 20 Defendant(s)

Brief details of claim

Value



Defendant's name and address

£

Amount claimed	<input type="text"/>
Court fee	<input type="text"/>
Legal representative's costs	<input type="text"/>
Total amount	<input type="text"/>

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)

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 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 20 Claimant

Litigation friend (where judgment creditor is a child or a patient)

Part 20 Claimant's legal representative
(as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name of Part 20 claimant's legal representative's firm

If signing 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

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If applicable

Phone number

Fax number

DX number

Your Ref.

Email