



Claim Form (arbitration)

In the

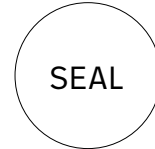
for court use only

Claim No.

Issue date

In an arbitration claim between

Claimant



Defendant(s)

In the matter of an [intended] arbitration between

Claimant

Respondent(s) Set out the names and addresses of persons to be served with the claim form stating their role in the arbitration and whether they are defendants.

Defendant's name and address

[Empty box for defendant's name and address]

This claim will be heard on:

at am/pm

This claim is made without notice.

The court office at

When corresponding with the court, please address forms or letters to the Court Manager and quote the case number.

Claim No.

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Remedy claimed and grounds on which claim is made

Claim No.	
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The claimant seeks an order for costs against

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

Signature

- Claimant
- Litigation friend (where judgment creditor 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

Claimant's or 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

If applicable

Phone number

Fax phone number

DX number

Your Ref.

Email