

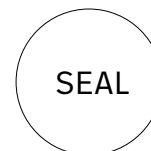


N1(CHFL)
Claim Form
(CPR Part 7)

In the **High Court of Justice**
Chancery Division
Financial List
Royal Courts of Justice

	for court use only
Claim no.	
Issue date	

Claimant(s)



Defendant(s)

Name and address of Defendant receiving this claim form

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	£
Amount claimed	
Court fee	
Legal representative's costs	
Total amount	

The court office at the Chancery Registry, The Rolls Building, 7 Rolls Building, Fetter Lane, London, EC4A 1NL is open between 10am and 4.30pm Monday to Friday. Financial List cases issued in the Chancery Division are managed after issue by the Admiralty and Commercial Registry also in the Rolls Building. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim no.	
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Brief details of claim

Particulars of claim (*attached)(*will follow if an acknowledgment of service is filed that indicates an intention to defend the claim)

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 and particulars of claim are true.
- The Claimant** believes that the facts stated this claim form and 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 number

DX number

Your Ref.

Email