

# Court Proceedings Pack (Part A) (EPL6)

Low value personal injury claims in employers' liability and public liability (£1,000 - £25,000)

Date of accident

Claimant's full name

Age

Occupation, if any

## Claimant's representative

### Contact details

Firm or Company name

Contact name

Telephone number

E-mail address

Reference number

Defendant's full name

## Defendant's representative

### Contact details

Firm or Company name

Contact name

Telephone number

E-mail address

Reference number

# Court Proceedings Pack (Part A)

Claimant Losses	Item being pursued	Evidence attached	% Interest rate	Claimant		Defendant response	
	Yes/No			Value claimed	Comments	Value offered	Comments
PSLA							
Loss of earnings							
a) Claimant							
b) Employer							
Care/Services							
Fares - taxis, buses, tube etc.							
Medical expenses							
Clothing							
Disadvantage on the labour market							
Loss of congenial employment							
Other losses							
Future losses							
CRU benefits received							
Up to date CRU Certificate attached							

Are all disbursements agreed and paid?  Yes  No

If No, please give the following details:

Disbursements disputed	Amount claimed	Amount paid	Reason given by defendant for not paying full disbursement

Has the defendant named a legal representative to accept service of legal proceedings on the defendant's behalf

Yes  No

If Yes, please give details of the legal representative

### Statement of truth

I am the claimant's legal representative. The claimant believes that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.

I am the claimant - I believe that the facts stated in this claim form are true.

**Signed**

**Date**

 /  / 

**Position or office held**

(if signed on behalf of firm or company)

I have retained a signed copy of this form including the statement of truth.

# Court Proceedings Pack (Part B) (EPL7)

Low value personal injury claims in employers' liability and public liability (£1,000 - £25,000)

This form should be submitted to the court in a sealed envelope

Date of accident

Claimant's full name

Defendant's full name

## Claimant's representative

## Defendant's representative

### Contact details

Firm or Company name

### Contact details

Firm or Company name

Contact name

Contact name

Telephone number

Telephone number

E-mail address

E-mail address

Reference number

Reference number

## Claimant final offer

## Judge's award

## Defendant final offer

Fixed costs Stage 1 fixed costs paid

Stage 2 fixed costs paid

**Practitioner note:** The offer inserted in Part B may differ from the total of the separate heads of claims listed in Part A.