



Claim Form

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

In the	
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"/> <input type="text"/> <input type="text"/>
	For court use only
Claim no.	
Issue date	

Claimant(s) name(s) and address(es) including postcode



Defendant(s) name and address(es) including postcode

Brief details of claim

Value

Defendant's
name and
address
for service
including
postcode

£

Amount claimed	
Court fee	
Legal representative's costs	
Total amount	

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.

You must indicate your preferred County Court Hearing Centre for hearings here (see notes for guidance)

Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

No

Does, or will, your claim include any issues under the Human Rights Act 1998?

Yes

No

Claim no.

Particulars of Claim
attached
to follow

Statement of truth

I understand that proceedings for contempt of court may be brought against a person 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 any attached sheets are true.

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

Note: you are reminded that a copy of this claim form must be served on all other parties.

Signature

Claimant

Litigation friend (where claimant is a child or protected party)

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

DX number

Your Ref.

Email

Find out how HM Courts and Tribunals Service uses personal
information you give them when you fill in a form:

<https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>