



Claim Form (Additional claims - CPR Part 20)

In the High Court of Justice
Queen's Bench Division
Commercial Court
Royal Courts of Justice

	<i>for court use only</i>
Claim No.	
Issue date	

Claimant(s)



Defendant(s)

Part 20 Claimant(s)

Part 20 Defendant(s)

Name and address of Part 20 Defendant receiving this claim form

Amount claimed	
Court fee	
Solicitor's costs	
Total amount	

The court office at the Admiralty and Commercial Registry, Royal Courts of Justice, Strand, London WC2A 2LL is open between 10 am and 4.30 pm Monday to Friday. 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

[Large empty box for brief details of claim]

Note: Particulars of Claim must be attached

Statement of Truth

*(I believe)(The Part 20 Claimant believes) that the facts stated in this claim form and the particulars of claim attached to this claim form are true.

* I am duly authorised by the Part 20 claimant to sign this statement

Full name _____

Name of *(Part 20 claimant)(’s solicitor’s firm) _____

signed _____ position or office held _____

*(Part 20 Claimant)(’s solicitor)

(if signing on behalf of firm, company or corporation)

**delete as appropriate*

[Empty box for address details]

Part 20 Claimant’s or solicitor’s address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.