



# Claim Form (Additional claims- CPR Part 20)



In the

Claim No.

Claimant(s)

Defendant(s)

Part 20 Claimant(s)

Part 20 Defendant(s)

Brief details of claim

Value



Defendant's name and address

Empty box for defendant's name and address

£

Amount claimed	
Court fee	
Solicitors costs	
Total amount	
Issue date	

The court office at

is open between 10 am and 4 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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Particulars of Claim (attached)

Statement of Truth

\*(I believe)(The Part 20 Claimant believes) that the facts stated in these particulars of claim 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)(Litigation friend) (if signing on behalf of firm or company)

\*delete as appropriate

Part 20 Claimant ('s 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.

