



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

	£
Amount claimed	
Court fee	
Solicitors costs	
Total amount	
Issue date	

Claim No.

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.

