



Claim Form (probate claim)

In the	
Claim No.	

In the estate of

deceased (Probate)

Claimant(s)



Defendant(s)

Brief details of claim

Defendant's
name and address

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Court fee	
Solicitor's costs	To be assessed

Issue date	
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Claim No.

Yes No

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

Particulars of Claim (attached)(to follow)

Statement of Truth

*(I believe)(The claimant believes) that the facts stated in this claim form are true.

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

signed _____ date _____

*(Claimant)(Litigation friend(*where claimant is a child or a patient*))(Claimant's solicitor)

**delete as appropriate*

Full name _____

Name of claimant's solicitor's firm _____

position or office held _____
(*if signing on behalf of a company*)

Claimant's or claimant's solicitor's address to which documents should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.