



# Claim Form (CPR Part 8)



In the	
Claim No.	

Claimant



Defendant(s)

Does your claim include any issues under the Human Rights Act 1998?  Yes  No

Details of claim *(see also overleaf)*

Defendant's  
name and  
address

£

Court fee	
Solicitor's costs	
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 case number.

Claim No.

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Details of claim *(continued)*

Statement of Truth

\*(I believe)(The Claimant believes) that the facts stated in these particulars of claim are true.

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

Full name \_\_\_\_\_

Name of claimant's solicitor's firm \_\_\_\_\_

signed \_\_\_\_\_ position or office held \_\_\_\_\_

\*(Claimant)(Litigation friend)(Claimant's solicitor) (if signing on behalf of firm or company)

*\*delete as appropriate*

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