



# Claim Form

In the

*for court use only*

Claim No.

Issue date

Claimant

SEAL

Defendant(s)

Brief details of claim

Value

Defendant's  
name and address

£

Amount claimed

Court fee

Solicitor's costs

Total amount

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.

N1 Claim form (CPR Part 7) (01.02)

*Printed on behalf of The Court Service*

**Claim No.**

Does, or will, your claim include any issues under the Human Rights Act 1998? ☐ Yes ☐ No

Particulars of Claim (attached)(to follow)

**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*

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