



Claim Form (probate claim)

In the

Claim No.

In the estate of

deceased (Probate)

Claimant(s)

SEAL

Defendant(s)

Brief details of claim

Defendant's
name and address

Court fee

Solicitor's costs

To be assessed

Issue date

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 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.