

# Claim Form (CPR Part 8)

In the

Claim No.

Claimant

SEAL

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.

N208 Claim form (CPR Part 8) (10.00)

Printed on behalf of The Court Service

Claim No.

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*

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.