**Claim Form**

**(**

**CPR Part**

**8)**

Details of claim

*see also overleaf*

*)*

*(*

Defendant’s

name and

address

Claimant

SEAL

Defendant(s)

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

Yes

No

£

Court fee

Legal representative’s costs

Issue date

**In the**

**Claim no.**

**Fee Account no.**

**Help with Fees -**

**Ref no.**

)

(

if applicable

**H**

**W**

**F**

**–**

**–**

For further details of the courts www.gov.uk/find-court-tribunal.

When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

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| --- | --- |
| **Claim no.** |  |

Details of claim *(continued)*

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| --- |
| **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 nameName of claimant’s legal representative’s firm signed position or office held \*(Claimant)(Litigation friend) (if signing on behalf of firm or company)(Legal representative’s solicitor)*\*delete as appropriate* |

Claimant’s or claimant’s legal representative’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. |