



Claim Form (CPR Part 8)

In the + L J K

Claim no. 4 % % + 0

Fee Account no. 3 % \$

Help with Fees
Ref no. (if applicable)

H W F D

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056

QB-2021-BHM-000

Claimant

% L U P L Q & K W R X Q F L O
7 K & R X Q + F L X V H
9 L F W & T U L D U H
% L U P L Q % K % P %



Defendant(s)

7 K R P & D V K
3 D W & I R F Q R U V
3 D W & I R F Q R U V
3 H U V & Q M Q R Z Q

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

Details of claim (see also overleaf)

7 K & O D L F D Q M X Q F W L V X D F Q W R F D O

Defendant's
name and
address

3 H U V & Q M Q R Z Q

£

Court fee	
Legal representative's costs	7 RE HD V V H \
Issue date	

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.

Details of claim (continued)

6 H B D U W L R X O D D W W D F K H G

% L U P L Q & K W R X Q F L O
/ H J D Q G R Y H U Q D C S F H U W P H Q W
3 2 % R [
% 8 4

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.

Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I believe that the facts stated in these particulars of claim are true.

The Claimant believes that the facts stated in these particulars of claim are true. I am authorised by the claimant to sign this statement.

Signature

Claimant

Litigation friend (where claimant is a child or a Protected Party)

Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name o

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