

NOTICE OF APPLICATION FOR A SMALL CLAIM

For Office Use Only

Claim No.

Liquidated/Unliquidated

Part A

Applicant:
Full name and postal address, postcode
and e-mail address (if appropriate)
in BLOCK CAPITALS

Respondent:
Full name and postal address
and e-mail address (if appropriate)
in BLOCK CAPITALS

Take notice that I, the above named applicant, intend to apply to the Small Claims Court at

_____ for a decree in respect of :-

My claim for £ _____

Interest * £ _____

The court fee £ _____

Total £ _____

Only include a figure if you wish to claim interest and you have given details of the rate and the period covered.

Please describe in simple terms details of your claim: - also include the date the debt arose and, if interest is claimed, the amount rate and period covered.

Statement of Truth

I believe that the facts stated in this form are true.

Full Name _____

Position or Office Held _____
(if signing on behalf of firm or company)

Signed: _____

Date: _____

Part B

TO BE COMPLETED BY THE SMALL CLAIMS COURT OFFICE

This application will be dealt with at _____ Court Office.

If you wish to dispute this claim or issue a counterclaim please read the enclosed information leaflet and lodge a notice of dispute and/or counterclaim with the above court office.

If you wish to accept liability for this claim please read the enclosed information leaflet and lodge a notice of acceptance of liability with the above court office.

If you intend to dispute this claim, issue a counterclaim or accept liability then you must lodge the appropriate form with the above court office no later than _____.

WARNING

If you intend to dispute the case or issue a counterclaim and you fail to reply to this application by the date above a decree may be issued against you without further correspondence.

Signed: _____
Chief Clerk

Date: _____