



Claim Form (probate claim)

In the

Claim no.

Fee Account
no.

In the estate of

deceased (Probate)

Claimant(s)

SEAL

Defendant(s)

Brief details of claim

Defendant's
name and
address
(including
postcode)

Court fee

Legal Representative'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)

Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.

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 this claim form are true.

☐ **The Claimant** believes that the facts stated in this claim form are true. **I am authorised** by the claimant to sign this statement.

Signature

- ☐ Claimant
- ☐ Litigation friend (where claimant is a child or a patient)
- ☐ Claimant’s legal representative (as defined by CPR 2.3(1))

Date

Day

Month

Year

Full name

Name of claimant’s legal representative’s firm

If signing on behalf of firm or company give position or office held