



Claim Form

In the High Court of Justice	
Fee Account no.	PBA0087030
Help with Fees - Ref no. (if applicable)	H W F - <input type="text"/> - <input type="text"/>

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

For court use only	
Claim no.	
Issue date	

Claimant(s) name(s) and address(es) including postcode
 Bernadette Rogers
 20 Windsor Road, Bristol, BS6 5BP



Defendant(s) name and address(es) including postcode
 Andrew Wills
 6 Oaklands Way, Titchfield Common, Fareham, Hants, PO14 4LE

Brief details of claim

The Claimant is a beneficiary and separate creditor of the Estate of Ursula Wills ('the Estate'). The Claimant provided extensive care to the deceased during the last two and a half years of her life, and was promised compensation for this. The Defendant is the executor of the Estate. To date the Claimant has not been compensated for the care provided, nor reimbursed for the expenses incurred whilst caring for the deceased.

Value
 £135,000.00

Defendant's name and address for service including postcode

Andrew Wills
 6 Oaklands Way
 Titchfield Common
 Fareham
 Hants
 PO14 4LE

	£
Amount claimed	135,000.00
Court fee	6,750.00
Legal representative's costs	100
Total amount	141,850.00

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.

Claim no.

You must indicate your preferred County Court Hearing Centre for hearings here
(see notes for guidance)

Bristol Civil and Family Justice Centre

Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

- Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

- No

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

- Yes
 No

Claim no.

Particulars of Claim

attached

to follow

Statement of truth

Note: you are reminded that a copy of this claim form must be served on all other parties.

I understand that proceedings for contempt of court may be brought against a person 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 and any attached sheets are true.
- The claimant** believes that the facts stated in this claim form and any attached sheets are true. **I am authorised** by the claimant to sign this statement.

Signature



- Claimant
- Litigation friend (where claimant is a child or protected party)
- 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

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

6

Second line of address

Cadbury Close

Town or city

Whetstone

County (optional)

London

Postcode

N 2 0 9 B D

If applicable

Phone number

DX number

Your Ref.

CL/3885

Email

caoimhe@kleymansolicitors.com