



# Claim Form (arbitration)

In the

*for court use only*

Claim No.

Issue date

In an arbitration claim between

Claimant



Defendant(s)

In the matter of an [intended] arbitration between

Claimant

Respondent(s) *Set out the names and addresses of persons to be served with the claim form stating their role in the arbitration and whether they are defendants.*

Defendant's  
name and  
address

This claim will be heard on:

at          am/pm

This claim is made without notice.

The court office at

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

**Claim No.**

Remedy claimed and grounds on which claim is made

Claim No.

The claimant seeks an order for costs against

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 name \_\_\_\_\_

Name of claimant's solicitor's firm \_\_\_\_\_

signed \_\_\_\_\_ position or office held \_\_\_\_\_

\*(Claimant)(Claimant's solicitor)

(if signing on behalf of firm or company)

*\*delete as appropriate*

Claimant's or claimant's solicitor'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.