



# Claim form for possession of property

In the

Claim No.

You may be able to issue your claim online and it may save you time and money. Go to [www.possessionclaim.gov.uk](http://www.possessionclaim.gov.uk) to find out more.

## Claimant

(name(s) and address(es))

SEAL

## Defendant(s)

(name(s) and address(es))

The claimant is claiming possession of :

which (includes) (does not include) residential property. Full particulars of the claim are attached.  
(The claimant is also making a claim for money).

This claim will be heard on: 20 at am/pm  
at

## At the hearing

- The court will consider whether or not you must leave the property and, if so, when.
- It will take into account information the claimant provides and any you provide.

## What you should do

- Get help and advice immediately from a solicitor or an advice agency.
- Help yourself and the court by **filling in the defence form** and **coming to the hearing** to make sure the court knows all the facts.

Defendant's  
name and  
address for  
service

Court fee

Legal representative's costs

**Total amount**

Issue date

Claim No.

### Grounds for possession

The claim for possession is made on the following ground(s):

- ☐ rent arrears (online issue available)
- ☐ other breach of tenancy
- ☐ forfeiture of the lease
- ☐ mortgage arrears (online issue available)
- ☐ other breach of the mortgage
- ☐ trespass
- ☐ other (please specify) \_\_\_\_\_

### Anti-social behaviour

The claimant is alleging:

- ☐ actual or threatened anti-social behaviour
- ☐ actual or threatened use of the property for unlawful purposes

Is the claimant claiming demotion of tenancy?

☐ Yes ☐ No

Is the claimant claiming an order suspending the right to buy?

☐ Yes ☐ No

See full details in the attached particulars of claim

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

☐ Yes ☐ No

### Statement of Truth

\*(I believe)(The claimant believes) that the facts stated in this claim form are true.

\* I am duly authorised by the claimant to sign this statement.

signed \_\_\_\_\_ date \_\_\_\_\_

\*(Claimant)(Litigation friend (where the claimant is a child or a patient))(Claimant's legal representative)

*\*delete as appropriate*

Full name \_\_\_\_\_

Name of claimant's legal representative's firm \_\_\_\_\_

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

*(if signing on behalf of firm or company)*

Claimant's or claimant's legal representative's address to which documents or payments should be sent if different from overleaf.

Postcode

*if applicable*

Ref. no.

fax no.

DX no.

e-mail

Tel. no.