



# Claim Form

You may be able to issue your claim online which may save time and money. Go to [www.moneyclaims.service.gov.uk/make-claim](http://www.moneyclaims.service.gov.uk/make-claim) to find out more.

In the	Cambridge County Court
Fee Account no.	H6QJ37A1
Help with Fees - Ref no. (if applicable)	H W F - F 6 7 - T R 9

	For court use only
Claim no.	
Issue date	

Claimant(s) name(s) and address(es) including postcode

James Alexander Smith  
14 Elmwood AvenueCambridgeCB4 3JT



Defendant(s) name and address(es) including postcode

Sarah Elizabeth  
JohnsonFlat 2, Willow Court24 Highfield RoadCambridgeCB1 9HG

Brief details of claim

Claim for breach of contract relating to home renovation work carried out inadequately, causing the claimant to incur additional costs for corrective work.

Value  
£5,200.00

Defendant's name and address for service including postcode

Sarah Elizabeth  
JohnsonFlat 2, Willow Court24  
Highfield RoadCambridgeCB1 9HG

	£
Amount claimed	£5,200.00
Court fee	£205.00
Legal representative's costs	£450.00
Total amount	£5,855.00

Claim no.

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

Cambridge County Court

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.

My witness has significant anxiety in formal environments. I kindly request a smaller courtroom or private waiting area to minimize distress.

☒ 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

The Claimant entered into a contract with the Defendant on 10 October 2024, whereby the Defendant agreed to carry out home renovation works at the Claimant's property located at 14 Elmwood Avenue, Cambridge, CB4 3JT, for a total cost of £7,500

# 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

James Alexander Smith

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

## Date

Day

24

Month

12

Year

2024

## Full name

James Alexander Smith

## Name of claimant’s legal representative’s firm

Anderson & Lewis Solicitors LLP

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

Senior Associate Solicitor

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

Building and street

Regency House, 25 Market Street

Second line of address

Suite 204

Town or city

Cambridge

County (optional)

Cambridgeshire

Postcode

C	B	2		3	P	A
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If applicable

Phone number

01223 456789

DX number

DX 58010 Cambridge 1

Your Ref.

JAS/AL/2025

Email

info@andersonlewisolicitors.co.uk