

# CLAIM FORM

Please only complete this form if you believe that monies held by Blake Laphorn are due to you as a result of a recent intervention into your former solicitor.

Name of Intervened Solicitor.....

A.	<b><u>CLAIMANT INFORMATION</u></b>	
1.	Claimant : (Full Name)	
2.	Full Address:	
3.	Telephone:  (h)  (w)  (m)	
4.	Email:	

B.	<b><u>CLAIM</u></b>	
1.	Why was the solicitor holding this money?	
2.	Amount of claim:	£
3.	Date first due:	
4.	Does anyone else have a claim to this money arising from the matter upon which the solicitor was acting for you?	Yes/No
	If <b>yes</b> , please specify.	

5.	Have you claimed against the Solicitors Regulation Authority's Compensation Fund?	Yes/No
	If <b>yes</b> , please provide a reference number if you have one.	
6.	Did you pay the solicitor's costs in full?	Yes/No
	If <b>no</b> , please state how much you believe is due.	

<b>C.</b>	<b>EVIDENCE (CLAIMS IN EXCESS OF £50 ONLY)</b>
Please attach copy documentary evidence and provide any appropriate explanation here:	

<b>D.</b>	<b>CONFIRMATION</b>
I confirm that I am entitled to the sum claimed and acknowledge that any payment I receive will be made in reliance upon my confirmation.	
<b>Signed:</b>	<b>Dated:</b>