**Form 1: Claim form**

**CERVICALCHECK TRIBUNAL**

**†[PROPOSED] CLAIM FORM**

**Claim record no.:**

†only applies when proposed Claim Form is served to obtain respondents’ consent to submission to Tribunal; delete where Claim Form is presented to be issued

1. **Details of claimant(s) and respondent(s)**

**[1st]\* Claimant**

Full name: …………………………………………………………………………………….

Date of birth: ………………………………………………………………………………….

Address at which the claimant ordinarily resides: …………………………………………………………………………………………………..

PPS No.: ……………………………………………………………………………………….

Occupation: …………………………………………………………………………………...

Where the claimant is suing in a representative capacity or as a dependant, state that capacity (e.g. executor, administrator) or the relationship of dependant to deceased (e.g. spouse, civil partner, child):…………………………………………………………….

Claimant’s Solicitor: …………………………………………………………………………. (Name of firm and name of solicitor responsible for claim)

E-mail address for Claimant/Solicitor(s) for claimant: …………………………………………………………………………………………………..

Telephone number for Claimant/Solicitor(s) for claimant: …………………………………………………………………………………………………..

Postal address for service of notices on Claimant/Solicitor(s) for claimant: …………………………………………………………………………………………………..

Ref: …………………………………………………………………………………………….

*\* Where there is more than one claimant, the details for each further claimant (numbered 2nd Claimant, 3rd Claimant etc.) should be set out in the same manner immediately following those for the 1st claimant.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[1st]\* Respondent**

Full name: ……………………………………………………………………………………..

Address at which respondent ordinarily resides/carries on business: ………………………………………………………………………………………………….

Occupation/Description: ……………………………………………………………………

Respondent’s Solicitor: ………………………………………………………………………

*\* Where there is more than one respondent, the details for each further respondent (numbered 2nd Respondent, 3rd Respondent etc.) should be set out in the same manner immediately following those for the 1st respondent.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Details of relevant court proceedings and payments**

Is the claim intended to be determined by the CervicalCheck Tribunal the subject of civil proceedings before a court? …………………………………………………..Yes/No

If yes, please specify:

Court……………………………………………………………………………………………

Record number:……………………………………………………………………………….

Current status of proceedings:……………………………………………………………….

Has the CervicalCheck non-disclosure *ex-gratia* scheme administered by the Minister for Health in furtherance of a decision of the Government of 11th March 2019 previously determined that an *ex-gratia* payment should be made in respect of the claimant’s claim? …………………………………………………………………….Yes/No

If yes, please specify the sum paid or payable in respect of the circumstances giving rise to the claim under the CervicalCheck nondisclosure *ex-gratia* scheme: €………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Agreement of Claimant to submit claim to Tribunal**

I / We the claimant(s) agree to the determination by the CervicalCheck Tribunal of the claim set out in this form and acknowledge that by this agreement I/we will, unless I/we exercise a right of appeal to the High Court under section 27 of the Cervical Check Tribunal Act 2019, waive any right of action I/we may otherwise have had against the respondent(s).

The agreement of the respondent(s) to such determination:

†has been requested

†is appended to this Form

*†delete whichever is inapplicable*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Statement of claim\***

[*Set out, in numbered paragraphs, full and detailed particulars of:*

*(a) the nature of the claim and of each allegation, assertion or plea comprising that claim;*

*(b) the acts of the respondent constituting the said wrong and the circumstances relating to the commission of the said wrong;*

*(c) each instance of negligence by the respondent;*

*(d) all other relevant circumstances in relation to the commission of the said wrong and any other assertion or plea concerning same;*

*(e) the injuries to the claimant alleged to have been occasioned by the wrong of the respondent; and*

*(f) the reliefs sought.*]

*\* The details in sections 4 and 5 should conform exactly to those in the corresponding section of the Consent Form signed by respondent.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Schedule of full particulars of all items of special damage claimed\***

|  |  |
| --- | --- |
| **Item**  | **Amount €** |
|  |  |
|  |  |
|  |  |
| **Total** |  |

*\* The details in sections 4 and 5 should conform exactly to those in the corresponding section of the Consent Form signed by respondent.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*6. Statements of non-expert evidence**

Detailed signed statements of evidence from the following person(s) on which the Claimant intends to rely in support of the claim are appended to this Form at **Appendix 1**:

1. [Insert name and address of signatory of statement]

2. etc.

*\*If serving statements with the Claim Form, they should be attached to the completed and issued Claim Form which is being served. If not served with the Claim Form, statements must be delivered within seven days after service of the Claim Form (rule 39(1)).*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Affidavit of verification**

I. …………………. of ………………………………………… , the (claimant or state other capacity or authority), aged eighteen years and upwards MAKE OATH and say as follows:

1. The assertions, allegations and information contained in this Claim Form which are within my own knowledge are true. I honestly believe that the assertions, allegations and information contained in this Claim Form which are not within my own knowledge are true.

2. I am aware that it is an offence to make a statement in this affidavit that is false or misleading in any material respect and that I know to be false or misleading.

SWORN etc

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To: Registrar

Cervical Check Tribunal at………………………….

And to: ………………..of …………………………………., respondent

Dated: ………………………………

Signed: ………………………………………….

[Print name]: …………………………………

Claimant/Solicitor(s) for claimant

[*Tribunal Office use only*]

This Claim Form has been issued by the CervicalCheck Tribunal on ……………20…

†As theclaim is the subject of civil proceedings before a court, the Claim Form will be listed before the Tribunal sitting at ……….. at ……. on ……………20… for initial directions.

The projected date for the case management hearing if all time limits are complied with is …………day of …….………20…

†delete where inapplicable; where the claim is the subject of civil proceedings before a court but not all respondents’ agreement to submission of the claim to the Tribunal have been lodged, the date of the initial directions hearing will be notified to the claimant following lodgment of all respondents’ agreement.

**APPENDIX 1**

**Detailed statement(s) of non-expert evidence intended to be relied on**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**