

**EUROPEAN SMALL CLAIMS PROCEDURE  
FORM B**

**REQUEST BY THE COURT OR TRIBUNAL TO COMPLETE AND/OR RECTIFY THE CLAIM FORM**

(Article 4(4) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

To be filled in by the court/tribunal

Case number:

Received by the court/tribunal on:

**1. Court/tribunal**

1.1. Name:

1.2. Street and number/PO box:

1.3. City and postal code:

1.4. Country:

**2. Claimant**

2.1. Surname, first name/name of company or organisation:

2.2. Personal identification number or passport number/ registration number (\*):

2.3. Street and number/PO box:

2.4. City and postal code:

2.5. Country:

2.6. Telephone (\*):

2.7. E-mail (\*):

2.8. Claimant's representative, if any, and contact details (\*):

2.9. Other details (\*):

### 3. Defendant

3.1. Surname, first name/name of company or organisation:

3.2. Personal identification number or passport number/ registration number:

3.3. Street and number/PO box:

3.4. City and postal code:

3.5. Country:

3.6. Telephone (\*):

3.7. E-mail (\*):

3.8. Defendant's representative, if any, and contact details (\*):

3.9. Other details (\*):

The court/tribunal has examined your claim form and considers it to be inadequate or insufficiently clear or not properly filled in: please complete and/or rectify your form in the language of the court/tribunal as indicated below as soon as possible and at the latest by

The court/tribunal shall dismiss your application under the conditions provided for in Regulation (EC) No 861/2007 if you fail to complete and/or rectify it within the time limit set out above.

Your claim form has not been filled in the correct language. Please fill it in one of the following languages.

Bulgarian	Croatian	Portuguese
Czech	Italian	Romanian
German	Latvian	Slovak
Estonian	Lithuanian	Slovene
Spanish	Hungarian	Finnish
Greek	Maltese	Swedish
French	Dutch	English
Irish	Polish	Other (Please specify)

Other (please specify):

The following sections of the claim form must be completed and/or rectified as stated below:

Done at:

Date:

Signature and/or stamp:

---

(\*) Optional.