

## **Claim Form**

In the High Court of Justice, Kings Bench Division

Fee Account no. PBA 0087138

Help with Fees - Ref no. (if applicable)

For court use only

Claim no.

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

Claimant(s) name(s) and address(es) including postcode
The Chancellor, Masters and Scholars of the University of Cambridge

The Senate House, Kings Parade, Cambridge



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

Persons unknown who, in connection with Cambridge for Palestine or otherwise for a purpose connected with the Palestine-Israel conflict, without the claimant's consent (i) enter occupy or remain upon (ii) block, prevent, slow down, obstruct or otherwise interfere with access to (iii) erect any structure (including tents) on, the following sites (as shown for identification edged red on the attached plans 1 and 2):

(A) Greenwich House, Madingley Rise, Cambridge, CB3 0TX (B) Senate House and Senate House Yard, Trinity Street, Cambridge, CB2 1TA (C) The Old Schools, Trinity Lane, Cambridge, CB2 1TN.\*

Issue date

Brief details of claim

The Claimant claims that the Defendants must not, without the consent of the Claimant, enter, occupy or remain upon the Land (as defined in the Particulars of Claim), and / or block, prevent, slow down, obstruct or otherwise interfere with the access of any other individual to the Land, and / or erect or place any structure (including, for example, tents or other sleeping equipment) on the Land.

- \* The Claim Form does not show a full address, but the claimant will take the following steps:
- (1) Uploading a copy onto the following website: www.cam.ac.uk/notices.
- (2) Sending an email to cambridge4palestine@proton.me, encampmentnegotiations@proton.me and bloodonyourhands@systemli.org.
- (3) Affixing a notice at those locations marked with an "x" on Plan 1 and Plan 2 setting out where these documents can be found and obtained in hard copy.

Value N/A

Defendant's name and address for service including postcode

| As above. |  |
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|                              | £       |
|------------------------------|---------|
| Amount claimed               |         |
| Court fee                    | £626.00 |
| Legal representative's costs |         |
| Total amount                 | £626.00 |

For further details of the courts www.gov.uk/find-court-tribunal.

When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

| Claim no.  |
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| You must indicate your preferred County Court Hearing Centre for hearings here (see notes for guidance)  |
| N/A  |
| 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. |
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| <b>✓</b> No  |
| Does, or will, your claim include any issues under the Human Rights Act 1998?  Yes   |
| □ No   |
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|                      | Claim no. |        |
|----------------------|-----------|--------|
|                      |           |        |
| Particulars of Claim |           |        |
| ✓ attached           |           |        |
| to follow            |           | $\neg$ |
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## Statement of truth

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** Claimant Litigation friend (where claimant is a child or protected party) ✓ Claimant's legal representative (as defined by CPR 2.3(1)) **Date** Month Day Year 12 02 2025 Full name Samuel Maw Name of claimant's legal representative's firm Mills & Reeve LLP If signing on behalf of firm or company give position or office held Partner

**Note:** you are reminded that a copy of this claim form must be served on all other parties.

Building and street Botanic House Second line of address 100 Hills Road Town or city Cambridge County (optional) Cambridgeshire Postcode CB 1 | P | H If applicable Phone number DX number Your Ref. CSMAW/00012000-1698 Email Samuel.Maw@Mills-Reeve.com

Claimant's or claimant's legal representative's address to which

documents should be sent.





