## N244

oplication notice	Fee account no		
•	Fee account no.		
	(if applicable)		Help with Fees – Ref. no. (if applicable)
help in completing this form please read			H W F
	Warrant no. (if applicable)		
Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter			,
	Date		
What is your name or, if you are a legal representat	tive, the name o	f your firm?	,
Are you a Claimant Defen	dant	Legal Rep	presentative
Other (please specify)			
If you are a legal representative whom do you repre	esent?		
What order are you asking the court to make and v	vhy?		
Have you attached a draft of the order you are app	olying for?	] Yes	☐ No
How do you want to have this application dealt wit	th?	at a hearir	ng without a hearing
		at a remo	te hearing
How long do you think the hearing will last?		Hours	Minutes
Is this time estimate agreed by all parties?		Yes	☐ No
Give details of any fixed trial date or period			
What level of Judge does your hearing need?			
Who should be served with this application?			
- · · · · · · · · · · · · · · · · · · ·	I		
	es personal information you give them en you fill in a form: https://www.gov.uk/vernment/organisations/hm-courts-and-bunals-service/about/personal-information-arter  What is your name or, if you are a legal representative whom do you are appeared by all parties application dealt with this time estimate agreed by all parties?  Give details of any fixed trial date or period what level of Judge does your hearing need?  Who should be served with this application?  Please give the service address, (other than detail of the claimant or defendant) of any party named in the claimant or defendant) of any party named in the claimant or defendant in the claimant in the claimant or defendant in the claimant in the	Warrant no. (fi applicable) Claimant's name or you fill in a form: https://www.gov.uk/ rernment/organisations/hm-courts-and- punals-service/about/personal-information- arter  Date  What is your name or, if you are a legal representative, the name or other (please specify)  If you are a legal representative whom do you represent?  What order are you asking the court to make and why?  Have you attached a draft of the order you are applying for?  How do you want to have this application dealt with?  How long do you think the hearing will last?  Is this time estimate agreed by all parties?  Give details of any fixed trial date or period  What level of Judge does your hearing need?  Who should be served with this application?  Please give the service address, (other than details of the claimant or defendant) of any party named in	d out how HM Courts and Tribunals Service is personal information you give them the personal information you give them the personal informs https://www.gov.uk/ rernment/organisations/hm-courts-and- runals-service/about/personal-information- riter  Date  What is your name or, if you are a legal representative, the name of your firm?  Are you a

1

10. What information will you be relying on, in support of your application?	
the attached witness statement	
the statement of case	
the evidence set out in the box below	
If necessary, please continue on a separate sheet.	

11.	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.	
	☐ No	

## **Statement of Truth**

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 section 10 (and any continuation sheets) are true.			
The applicant believes that the facts stated in section 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.			
Signature			
C. H. Tobin			
Applicant			
Litigation friend (where applicant is a child or a Protected Party)			
Applicant's legal representative (as defined by CPR 2.3(1))			
Date			
Day Month Year			
Full name			
Name of applicant's legal representative's firm			
If signing on behalf of firm or company give position or office held			

Applicant's address to which documents should be sent.
Building and street
Second line of address
Town or city
County (optional)
Postcode
- Osteode
If applicable
Phone number
Fax phone number
DX number
Your Ref.
Email