

**Listing Questionnaire  
(Pre-trial checklist)**

To be completed by, or on behalf of,

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
--

Who is [1<sup>st</sup>] [2<sup>nd</sup>] [3<sup>rd</sup>] [{ FORMTEXT }] [Claimant] [Defendant] [Part 20 Claimant] [Part 20 Defendant] in this claim

This form must be completed and returned to the court no later than the date given above. If not, your statement of case may be struck out or some other sanction imposed.

If the claim has settled, or settles before the trial date, you must let the court know immediately.

Legal Representatives only: You must attach estimates of costs incurred to date, and your likely overall costs. In substantial cases, these should be provided in compliance with CPR Part 43.

For multi-track claims only, you must attach a proposed timetable for the trial itself.

In the { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	
Claim No:	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
Last date for filing with court office:	{ FORMTEXT }
Date(s) fixed for trial or trial period:	{ FORMTEXT }

**A Confirmation of compliance with directions**

1. I confirm that I have complied with those directions already given which require action by me. Yes { FORMCHECKBOX }  
 No { FORMCHECKBOX }

If you are unable to give confirmation, state which directions you have still to comply with and the date by which this will be done.

Directions	Date
{ FORMTEXT }	{ FORMTEXT }

2. I believe that additional directions are necessary before the trial takes place. Yes { FORMCHECKBOX }  
 No { FORMCHECKBOX }

If Yes, you should attach an application and a draft order.

*Include in your application all directions needed to enable the claim to be tried on the date, or within the trial period, already fixed. These should include any issues relating to experts and their evidence, and any order needed in respect of directions still requiring action by any other party.*

3. Have you agreed the additional directions you are seeking with the other party(ies)? Yes { FORMCHECKBOX }  
 No { FORMCHECKBOX }

**B Witnesses**

1. How many witnesses (including yourself) will be giving evidence on your behalf at the trial? (Do not include experts – see section C) { FORMTEXT }

**Witnesses continued**

**2. If the trial date is not yet fixed, are there any days within the trial period you or your witnesses would wish to avoid if possible? (Do not include experts – see section C)**

**Please give details**

Name of witness	Dates to be avoided if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

**Please specify any special facilities or arrangements needed at the court for the party or any witness (e.g., witness with a disability)**

{ FORMTEXT }
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**3. Will you be providing an interpreter for any of your witnesses?** Yes { FORMCHECKBOX } No { FORMCHECKBOX }

**C Experts**

*You are reminded that you may not use an expert's reports or have your expert give oral evidence unless the court has given permission. If you do not have permission, you must make an application (see section A2 above)*

**1. Please give the information requested for your expert(s)**

Name	Field of expertise	Joint expert?	Report agreed?	Has permission been given for oral evidence?
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }

**2. Has there been discussion between experts?** Yes { FORMCHECKBOX } No { FORMCHECKBOX }

**3. Have the experts signed a joint statement?** Yes { FORMCHECKBOX } No { FORMCHECKBOX }

**4. If your expert is giving oral evidence and the trial date is not yet fixed, is there any day within the trial period which the expert would wish to avoid, if possible?**

Yes {

**FORMCHECKBOX } No { FORMCHECKBOX }**

**If Yes, please give details**

<b>Name of witness</b>	<b>Dates to be avoided if possible</b>	<b>Reason</b>
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

## D Legal Representation

1. Who will be representing your case at the trial?  You  
 Solicitor  Counsel

2. If the trial date is not yet fixed, is there any day within the trial period that the person representing your case would wish to avoid, if possible? Yes   
No

If Yes, please give details

Name of witness	Dates to be avoided if possible	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>

## E The trial

1. Has the estimate of the time needed for trial changed? Yes   
No

If Yes, say how long you estimate the whole trial will take, including both parties' cross examination and closing arguments  Days,  Hours,  Minutes

2. If different from original estimate you have agreed with the other party(ies) that this is now the total time needed? Yes   
No

3. Is the timetable for trial you have attached agreed with the other party(ies)? Yes   
No

Fast track cases only

The court will normally give you 3 weeks notice in the fast track of the date fixed for a fast track trial unless, in exceptional circumstances, the court directs that shorter notice be given.

Would you be prepared to accept shorter notice of the date fixed for trial? Yes   
No

## F Document and fee checklist

*Tick as appropriate*

I attach to this questionnaire:

An application and fee for additional directions  A proposed timetable for trial  
 A draft order  An estimate of costs  
 Listing fee

Signed

Please enter your [firm's] name, reference number and full postal address including (if appropriate) details of DX, fax or e-mail.

[Counsel][Solicitor][for the][1<sup>st</sup>][2<sup>nd</sup>][3<sup>rd</sup>][  
[Claimant][Defendant][Part 20 claimant]  
[Part 20 Defendant]

Date: { FORMTEXT }

{ FORMTEXT }

Postcode: { FORMTEXT }

Tel no:	{ FORMTEXT }	DX no:	{ FORMTEXT }	E-mail:	{ FORMTEXT }
Fax no:	{ FORMTEXT }	Ref no:	{ FORMTEXT }		{ FORMTEXT }

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