## **Application notice**

For help in completing this form please read the notes for guidance form N244Notes.

5. How do you want to have this application dealt with?

6. How long do you think the hearing will last?

Is this time estimate agreed by all parties?

Name of court			Claim no.									
{ MERGEFIELD			{ MERGEFIELD									
ELPL_COURT_FW_COURT_name }			<pre>ELPL_COURT_FW_CASE_NO }</pre>									
Fee Account no. Hel			elp with Fees - Ref no.									
				(if applicable)								
{FORMTEXT}	Н	w	F	ı	O R M T E	Т	M T E		O R M T E	{FORMTEXT}	O R M T E	
Warrant no. (if applicable)			FORMTEXT }									
Claimant's name (including ref.) { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }												
Defendant's name (including ref.) { IF { MERGEFIELD EL_2_2_2_EL_COMPANYNAME }= "" "{     MERGEFIELD EL_2_2_1_EL_NAME } { MERGEFIELD     EL_2_2_1_EL_MIDDLENAME } { MERGEFIELD     EL_2_2_1_EL_SURNAME }" "{ MERGEFIELD     EL_2_2_2_EL_COMPANYNAME }" }												
Date												

{ FORMCHECKBOX } without a hearing

	r name or, if you are a leg		the name	e of your fire	m?			
2. Are you a	{ FORMCHECKBOX } Claimant { FORMCHECKBOX } Other (please specify)	{ FORMCHECKED Defendant { FORMTEXT }		{ FORMC	HECKBOX } Legal Representative			
			ERGEFIELD LINKNAME_FORENAME_1 } { RGEFIELD LINKNAME_SURNAME_1 } (Claimant)					
3. What order	are you asking the court to	o make and why?						
4. Have you a applying for?	ttached a draft of the orde	•	{ FORMC	НЕСКВО	{ FORMCHECKBOX } No			

X } Yes

FORMCHECKBO X } at a hearing

{ FORMTEXT }

Hours

{

{ FORMCHECKBOX } at a telephone hearing

{ FORMTEXT } Minutes

{ FORMCHECKBOX } No

	FORMCHECKBO X } Yes
7. Give details of any fixed trial date or period	{ FORMTEXT }
8. What level of Judge does your hearing need?	{ FORMTEXT }
9. Who should be served with this application?	{ FORMTEXT }
9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.	{ FORMTEXT }

{ FORMCHECKBOX } the statement of case							
{ FORMCHECKBOX } the evidence set out in	n the box belov	v					
If necessary, please continue on a separate sheet.							
Statement of Truth							
(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.							
Signed	Signed Dated { FORMTEXT }						
Applicant('s legal representative)('s litigation friend)							
Full name							
Name of applicant's legal representative's firm							
Position or office held { FORMTEXT } (if signing on behalf of firm or company)							
11.Signature and address details							
•							
Signed Applicant('s legal representative)('s litigation friend)	Dated { FORM	MTEXT }					
Position or office held { FORMTEXT } (if signing on behalf of firm or company)							
Applicant's address to which documents about this application should be sent.							
	Dhansiis	If applicable					
	Phone no. Fax no.	{ FORMTEXT }  { FORMTEXT }					
	DX no.	{FORMTEXT}					
Postcode { FORMTEXT }	Ref no.	{FORMTEXT}					
E-mail address { FORMTEXT }							

10. What information will you be relying on, in support of your application?

{ FORMCHECKBOX } the attached witness statement