N244	Name of co	urt	Claim	ı no.	
Application notice	Fee Accour (if applicable		Help with F (if applicable	r ees – Ref no. e)	
For help in completing this form please read the notes for guidance form N244Notes.		,	HWF –		
	Warrant no. (if applicabl	e)			
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-	«LINKNAME «LINKNAME	Claimant's name (including ref.) «LINKNAME_TITLE_1» «LINKNAME_FORENAME_1» «LINKNAME_SURNAME_1» «MATTER_FEE_EARNER_ID»\«client_no»\«matter_no»			
andtribunals-service/about/personal- informationcharter	Defendant's	Defendant's name (including ref.)			
	Date				
1. What is your name or, if you are a legal represent	ative, the name	of your firm?			
	Defendant		agal Dapraa	ontotivo	
2. Are you a ☐ Claimant ☐ Other (please specify)			egal Repres		
If you are a solicitor whom do you represent?	Claimant				
3. What order are you asking the court to make and	why?				
4. Have you attached a draft of the order you are ap	olying for?	Yes)	
5. How do you want to have this application dealt wit	h?	🗌 at a hearir	g 🗌 wit	thout a hearing	
		at a teleph	one hearing		
6. How long do you think the hearing will last?		Hours		Minutes	
Is this time estimate agreed by all parties?		🗌 Yes	🗌 No)	
7. Give details of any fixed trial date or period					
8. What level of Judge does your hearing need?					
9. Who should be served with this application?					
9a. Please give the service address, (other than deta claimant or defendant) of any party named in que					

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

the attached witness statement

the statement of case

 $\hfill\square$ the evidence set out in the box below

If necessary, please continue on a separate sheet.

Statement of Truth

I understand that proceedings for contempt of court may be brought against anyone 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	

Applicant

- Litigation friend (where applicant is a Child or 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
If applicable
Phone number
Fax phone number
DX number
Vour Def
Your Ref.
Email

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