

Application notice

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

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Name of court { FORMTEXT }			Claim no. { FORMTEXT }		
Fee Account no. (if applicable)			Help with Fees – Ref no. (if applicable)		
{ FORMTEXT }			H	W	F
Warrant no. (if applicable)			{ FORMTEXT }		
Claimant's name (including ref.) { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } { MERGEFIELD MATTER_FEE_EARNER_ID } { MERGEFIELD client_no } { MERGEFIELD matter_no }					
Defendant's name (including ref.) { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }					
Date			{ FORMTEXT }		

1. What is your name or, if you are a legal representative, the name of your firm?

{ FORMTEXT }

2. Are you a Claimant Defendant Legal Representative

Other (please specify)

{ FORMTEXT }

If you are a solicitor whom do you represent?

Claimant

3. What order are you asking the court to make and why?

{ FORMTEXT }

4. Have you attached a draft of the order you are applying for? No Yes

5. How do you want to have this application dealt with? without a hearing at a hearing

at a telephone hearing

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

{ FORMTEXT }

{ FORMTEXT }

 Minutes
Hours

Is this time estimate agreed by all parties?

{ 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 }

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

{ FORMCHECKBOX } the attached witness statement

{ FORMCHECKBOX } the statement of case

{ FORMCHECKBOX } the evidence set out in the box below

If necessary, please continue on a separate sheet.

{ FORMTEXT }

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.

{ FORMCHECKBOX } I believe that the facts stated in section 10 (and any continuation sheets) are true.

{ FORMCHECKBOX } 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

--

{ FORMCHECKBOX } Applicant

{ FORMCHECKBOX } Litigation friend (where applicant is a Child or Protected Party)

{ FORMCHECKBOX } Applicant's legal representative (as defined by CPR 2.3(1))

Date

Day	Month	Year
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Full name

{ FORMTEXT }

Name of applicant's legal representative's firm

{ FORMTEXT }

If signing on behalf of firm or company give position or office held

{ FORMTEXT }

Applicant's address to which documents should be sent.

Building and street

{ FORMTEXT }

Second line of address

{ FORMTEXT }

Town or city

{ FORMTEXT }

County (optional)

{ FORMTEXT }

Postcode

{ FORMTEXT }

If applicable

Phone number

{ FORMTEXT }

Fax phone number

{ FORMTEXT }

DX number

{ FORMTEXT }

Your Ref.

{ FORMTEXT }

Email

{ FORMTEXT }

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