

# Application Notice



## You should provide this information for listing the application

1. How do you wish to have your application dealt with
  - a) at a hearing?  } *complete all questions below*
  - b) at a telephone conference?  }
  - c) without a hearing?  *complete Qs 5 and 6 below*
2. Give a time estimate for the hearing/conference  
 \_\_\_\_\_(hours)\_\_\_\_\_(mins)
3. Is this agreed by all parties?  Yes  No
4. Give dates of any trial period or fixed trial date \_\_\_\_\_
5. Level of judge \_\_\_\_\_
6. Parties to be served \_\_\_\_\_

<b>In the</b>	
<b>Claim no.</b>	
<b>Warrant no.</b> <small>(If applicable)</small>	
<b>Claimant</b> <small>(including ref.)</small>	
<b>Defendant(s)</b> <small>(including ref.)</small>	
<b>Date</b>	

**Note** You must complete Parts A and B, and Part C if applicable. Send any relevant fee and the completed application to the court with any draft order, witness statement or other evidence; and sufficient copies for service on each respondent.

### Part A

1. Enter your full name, or name of solicitor **I (We)**<sup>(1)</sup> \_\_\_\_\_ (on behalf of)(the claimant)(the defendant)

2. State clearly what order you are seeking and if possible attach a draft **intend to apply for an order ( a draft of which is attached) that**<sup>(2)</sup>  
**because**<sup>(3)</sup>

3. Briefly set out why you are seeking the order. Include the material facts on which you rely, identifying any rule or statutory provision

### Part B

**I (We)**<sup>(1)</sup> wish to rely on: *tick one box*

the attached ~~(witness statement)~~(affidavit)  my statement of case

evidence in Part C in support of my application

4. If you are not already a party to the proceedings, you must provide an address for service of documents

**Signed**

(Applicant)(’s Solicitor)(’s litigation friend)

**Position or office held**

(if signing on behalf of firm or company)

Address to which documents about this claim should be sent (including reference if appropriate)<sup>(4)</sup>

Tel. no. _____	Postcode _____	if applicable	
		fax no.	
		DX no.	
		e-mail	

The court office at

is open from 10am to 4pm Monday to Friday. When corresponding with the court please address forms or letters to the Court Manager and quote the claim number.

**Part C**

Claim No.

I (~~We~~) wish to rely on the following evidence in support of this application:

AT

AT

**Statement of Truth**

\*(I believe) \*(The applicant believes) that the facts stated in Part C are true

*\*delete as appropriate*

**Signed**

(Applicant)(’s Solicitor)(’s litigation friend)

**Position or  
office held**

(if signing on behalf  
of firm or company)

**Date**

