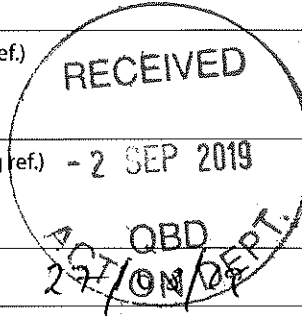


Application notice

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

Name of court High Court Queen's Bench		Claim no.
Fee account no. (if applicable)	Help with Fees - Ref. no. (if applicable)	
PA19-109295	HWF- - - - -	
Warrant no. (if applicable)		
Claimant's name (including ref.) Mr Franklin Awodiya		
Defendant's name (including ref.) Prime Minister + Others		
Date		

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

Mr Franklin Awodiya

2. Are you a Claimant Defendant Legal Representative

Other (please specify)

If you are a legal representative whom do you represent?

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

See DRAFT Order

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

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

at a telephone 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 details of the claimant or defendant) of any party named in question 9.

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

- the attached witness statement
- the statement of case
- the evidence set out in the box below

If necessary, please continue on a separate sheet.

see the DRAFT Order

Statement of Truth

(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.

Signed *Franklin* Dated 27th August 2019
Applicant(s) legal representative(s) (s litigation friend)

Full name Mr ~~Can Say~~ Franklin Awodiya

Name of applicant's legal representative's firm _____

Position or office held _____
(if signing on behalf of firm or company)

11. Signature and address details

Signed *Franklin* Dated 27/08/19
Applicant(s) legal representative(s) (s litigation friend)

Position or office held _____
(if signing on behalf of firm or company)

Applicant's address to which documents about this application should be sent

Mr Frankloun Awodiya
No Fixed Abode care of
450 New North Road, Hainault

Postcode

If applicable	
Phone no.	
Fax no.	
DX no.	
Ref no.	

E-mail address _____