

# 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)	
	HWF-PLJ-R97	
Warrant no. (if applicable)		
Claimant's name (including ref.) Mr Brooks		
Defendant's name (including ref.) Prime Minister + Ministry of Justice		
Date		

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

Barry Brooks

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?

Contempt Fraud Remedies detailed in the DRAFT Order dated 8th October 2021  
Cease & desist order against the LCU and DWP "collections unit".

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?  
 1 Hours  Minutes  
 Is this time estimate agreed by all parties?  Yes  No

7. Give details of any fixed trial date or period

None Yet

8. What level of Judge does your hearing need?

High Court Justice

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.

The Claimant was stationary at traffic lights when a Drunk Driver drove into the back of his car at about 70 miles and hour and caused him Crippling Injuries. Controlled Nutrition during a 1 Year Coma caused him to gain two or three stones in weight.

Years later Police Negigence caused a Pulmonary Embolism, during which Negligent Nutrition caused him to become morbidly obese. He is now of Bariatric level obesity and his Powered Wheel Chair weighs about 50 stones.

Corrupt Officers stole his assets during the Hospital Period because they did not expect him to survive. The Law Courts have denied the Claimant Access to Case Records. One of them is an Alleged Liability Order for £29,000. There have been a series of Enforcement Threats and then Case Denials. In 2019 Legal Action by the Claimant got Claim Issue Refusals and Hearing Redfusals b y the High Court and Royal Court Officers denied him entry for the Alleged Reason that the building could not accomodate him.

The interim Remedy DRAFT Order explains the circumstances

**Statement of Truth**

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

Signed \_\_\_\_\_ Dated 8th October 2021  
 Applicant('s legal representative)('s litigation friend)

Full name Barry Brooks

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  Dated \_\_\_\_\_  
 Applicant('s legal representative)('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 Barry Brooks 5 Mariners Quay The Marina Brighton  Postcode <input type="text" value="B"/> <input type="text" value="N"/> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value="5"/> <input type="text" value="U"/> <input type="text" value="Z"/> <input type="text" value=""/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">If applicable</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">Phone no.</td> <td></td> </tr> <tr> <td>Fax no.</td> <td></td> </tr> <tr> <td>DX no.</td> <td></td> </tr> <tr> <td>Ref no.</td> <td></td> </tr> </tbody> </table>	If applicable		Phone no.		Fax no.		DX no.		Ref no.	
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