

Application notice

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

In the Leicester County Court	
Claim no.	F00LE923
Fee Account no.	
Warrant no. (if applicable)	
Claimant's name (including ref.)	Miss Hainfa Naluyima
Defendant's name (including ref.)	Citizen Mr Francis Zarb
Date	14 January 2022

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

Citizen Mr Francis Zarb

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 dated 17th January 2022

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?

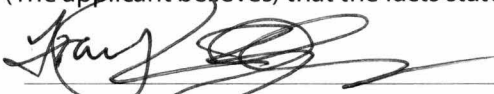
- the attached witness statement
- the statement of case
- the evidence set out in the box below

If necessary, please continue on a separate sheet.

See Draft Order dated 17th January 2022

Statement of Truth

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

Signed  Dated 14th January 2022
Applicant (~~legal representative~~) (~~s litigation friend~~)

Full name Citizen Mr Francis Zarb

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 14 January 2022
Applicant (~~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

Citizen Mr Francis Zarb 1 Portloc Drive, Wigston, Postcode <input type="text" value="L"/> <input type="text" value="E"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="G"/> <input type="text" value="Q"/> <input type="text"/>	If applicable	
	Phone no.	07976306563
	Fax no.	
	DX no.	
	Ref no.	

E-mail address Citizen Mr Francis Zarb <francis.p.zarb@gmail.com>