N244

N2	244	Name of co	urt		Claim no.
Application notice				Help with Fees – Ref. no. (if applicable)	
For help in completing this form please read the notes for guidance form N244Notes.		,		HW	
		Warrant no. (if applicable)			
Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter		Claimant's I	name (including	ref.)	
		Defendant's name (including ref.)			
		Date			
1.	What is your name or, if you are a legal representation	tive, the nam	e of your firm	?	
2.	Are you a Claimant Defen	dant	Legal Re	prese	entative
	Other (please specify)				
	If you are a legal representative whom do you repre	esent?			
3.	What order are you asking the court to make and v	why?			
4.	Have you attached a draft of the order you are app	olying for?	Yes		☐ No
5.	How do you want to have this application dealt wit	th?	at a heari	ing	without a hearing
			at a remo	te he	aring
6.	How long do you think the hearing will last?		Hours	S	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.				

Name of court

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.				

11.	Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?
	Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.
	☐ No

Statement of Truth

Applicant's address to which documents should be sent.
Building and street
Second line of address
Town or city
County (optional)
Postcode
- Osteode
If applicable
Phone number
Fax phone number
DX number
Your Ref.
Email