

# Application notice

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

In the	
Claim no.	
Fee Account no.	
Warrant no. (if applicable)	
Claimant's name (including ref.)	
Defendant's name (including ref.)	
Date	

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

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?

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.

\_\_\_\_\_

**Statement of Truth**

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

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Applicant('s legal representative)(s litigation friend)

Full name \_\_\_\_\_

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)(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

Postcode <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>

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

E-mail address	
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