

# Allocation questionnaire

To be completed by, or on behalf of,

who is [1<sup>st</sup>][2<sup>nd</sup>][3<sup>rd</sup>][ ] [Claimant][Defendant]  
[Part 20 claimant] in this claim

In the

Claim No.

Last date for filing  
with court office

Please read the notes on page five before completing the questionnaire.

You should note the date by which it must be returned and the name of the court it should be returned to since this may be different from the court where the proceedings were issued.

If you have settled this claim (or if you settle it on a future date) and do not need to have it heard or tried, you must let the court know immediately.

Have you sent a copy of this completed form to the other party(ies)? ☐ Yes ☐ No

## A Settlement

Do you wish there to be a one month stay to attempt to settle the claim, either by informal discussion or by alternative dispute resolution? ☐ Yes ☐ No

## B Location of trial

Is there any reason why your claim needs to be heard at a particular court? ☐ Yes ☐ No

If Yes, say which court and why?

## C Pre-action protocols

If an approved pre-action protocol applies to this claim, complete **Part 1** only. If not, complete **Part 2** only. If you answer 'No' to the question in either Part 1 or 2, please explain the reasons why on a separate sheet and attach it to this questionnaire.

**Part 1** The\*  protocol applies to this claim.

*\*please say  
which  
protocol*

Have you complied with it? ☐ Yes ☐ No

**Part 2** No pre-action protocol applies to this claim.

Have you exchanged information and/or documents (evidence) with the other party in order to assist in settling the claim? ☐ Yes ☐ No