

H Other information

Have you attached documents to this questionnaire?

☐ Yes ☐ No

Have you sent these documents to the other party(ies)?

☐ Yes ☐ No

If Yes, when did they receive them?

Do you intend to make any applications in the immediate future?

☐ Yes ☐ No

If Yes, what for?

In the space below, set out any other information you consider will help the judge to manage the claim.

Signed

Date

[Counsel][Solicitor][for the][1st][2nd][3rd][
[Claimant][Defendant][Part 20 claimant]

Please enter your firm's name, reference number and full postal address including (if appropriate) details of DX, fax or e-mail

Your reference no.		if applicable	
		fax no.	
		DX no.	
Tel. no.	Postcode		e-mail