

# Application Notice

**You should provide this information for listing the application**

1. How do you wish to have your application dealt with

a) at a hearing? ☐ } *complete all questions below*

b) at a telephone conference? ☐ }

c) without a hearing? ☐ *complete Qs 5 and 6 below*

2. Give a time estimate for the hearing/conference  
 \_\_\_\_\_(hours)\_\_\_\_\_(mins)

3. Is this agreed by all parties? ☐ Yes ☐ No

4. Give dates of any trial period or fixed trial date \_\_\_\_\_

5. Level of judge \_\_\_\_\_

6. Parties to be served \_\_\_\_\_

<b>In the</b>	
<b>Claim no.</b>	
<b>Warrant no.</b> (If applicable)	
<b>Claimant</b> (including ref.)	
<b>Defendant(s)</b> (including ref.)	
<b>Date</b>	

**Note** You must complete Parts A and B, and Part C if applicable. Send any relevant fee and the completed application to the court with any draft order, witness statement or other evidence; and sufficient copies for service on each respondent.

## Part A

1. Enter your I (We)<sup>(1)</sup>  
 full name, or  
 name of  
 solicitor

(on behalf of)(the claimant)(the defendant)

2. State clearly intend to apply for an order ( a draft of which is attached) that<sup>(2)</sup>  
 what order you  
 are seeking and  
 if possible  
 attach a draft  
 because<sup>(3)</sup>

3. Briefly set  
 out why you  
 are seeking the  
 order. Include  
 the material  
 facts on which  
 you rely,  
 identifying  
 any rule or  
 statutory  
 provision

## Part B

I (We) wish to rely on: *tick one box*

the attached (witness statement)(affidavit) ☐

my statement of case ☐

4. If you are not already a party to the proceedings, you must provide an address for service of documents

evidence in Part C in support of my application ☐

**Signed**

(Applicant)(‘s Solicitor)(‘s litigation friend)

**Position or  
 office held**

(if signing on  
 behalf of firm or company)

Address to which documents about this claim should be sent (including reference if appropriate)<sup>(4)</sup>

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

The court office at

is open from 10am to 4pm Monday to Friday. When corresponding with the court please address forms or letters to the Court Manager and quote the claim number.

Part C

Claim No.

I (We) wish to rely on the following evidence in support of this application:

Statement of Truth

\*(I believe) \*(The applicant believes) that the facts stated in Part C are true

*\*delete as appropriate*

Signed

(Applicant)(’s Solicitor)(’s litigation friend)

Position or  
office held

(if signing on behalf  
of firm or company)

Date