

I 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 name, reference number and full postal address including (if appropriate) details of telephone, DX, fax or e-mail

<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 5px;"> Postcode <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> </div>	If applicable	
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Your ref.		<input style="width: 100%;" type="text"/>

E-mail