

## 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][1<sup>st</sup>][2<sup>nd</sup>][3<sup>rd</sup>]  
[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

Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If applicable	
	Telephone no.	<input type="text"/>
	Fax no.	<input type="text"/>
	DX no.	<input type="text"/>
	Your ref.	<input type="text"/>

E-mail