N244

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| **Name of court** | **Claim no.** |
| **Fee account no.**(if applicable) | **Help with Fees – Ref. no.**(if applicable) |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **H** | **W** | **F** | **–** |  |  |  | **–** |  |  |  |

 |
| **Warrant no.**(if applicable) |  |
| **Claimant’s name** (including ref.) |
| **Defendant’s name** (including ref.) |
| **Date** |  |

**Application notice**

For help in completing this form please read the notes for guidance form N244Notes.

Find out how HM Courts and Tribunals Service uses personal information you give them when you

fill in a form: h[ttps://w](http://www.gov.uk/government/)ww.gov[.uk/go](http://www.gov.uk/government/)v[ernment/](http://www.gov.uk/government/) organisations/hm-courts-and-tribunals-service/ about/personal-information-charter

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|  | What is your name or, if you are a legal representative, the name of your firm? |
|  |  |

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| --- | --- | --- |
|  [ ]  Claimant |  [ ]  Defendant |  [ ]  Legal Representative |
|  [ ]  Other *(please specify)* |  |

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| 2. | Are you a |

If you are a legal representative whom do you represent?

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| --- | --- | --- |
| 3. | What order are you asking the court to make and why? |  |
|  |  |
| 4. | Have you attached a draft of the order you are applying for? |  [ ]  Yes [ ]  No |

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| 5. | How do you want to have this application dealt with? |  [ ]  at a hearing [ ]  without a hearing |
|  |  |  [ ]  at a telephone hearing |

|  |  |  |  |  |  |  |
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| 6. | How long do you think the hearing will last?Is this time estimate agreed by all parties? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hours |  | Minutes |

[ ]  Yes [ ]  No |
| 7. | Give details of any fixed trial date or period |  |
| 8. | What level of Judge does your hearing need? |  |
| 9. | Who should be served with this application? |  |
| 9a. | Please give the service address, (other than details of the claimant or defendant) of any party named in question 9. |  |
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| 10. | What information will you be relying on, in support of your application? |
|  | [ ]  | the attached witness statement |
|  | [ ]  | the statement of case |
|  | [ ]  | the evidence set out in the box below |

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| If necessary, please continue on a separate sheet.\* I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth. |  |
|  **Statement of** | **Truth** |  |  |
| (I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true\*. |  |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated  | Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Applicant(’s legal representative)(’s litigation friend) |  |
| Full name  |  |
| Name of applicant’s legal representative’s firm  |  |
| Position or office held  |  |
| (if signing on behalf of firm or company) |  |

|  |  |
| --- | --- |
| 11. | Signature and address details |

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| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant(’s legal representative’s)(’s litigation friend) |  |
| Position or office held \_\_\_  |
| (if signing on behalf of firm or company) |

 Applicant’s address to which documents about this application should be sent

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| --- |
| If applicable |
| Phone no. |  |
| Fax no. |  |
| DX no. |  |
| Ref no. |  |

Postcode

|  |  |
| --- | --- |
| E-mail address |  |