## N244

N244			Name of co	urt		Claim no.		
Application notice			_					
P. P			<b>Fee accoun</b> (if applicable)		_	with Fees - Ref. no. plicable)		
For help in completing this form please read the notes for guidance form N244Notes.						Н	<b>V F</b> -	
			Warrant no.					
Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/				Claimant's	<b>name</b> (including	ref.)		
tri	_	ganisations/hm-courts-ar e/about/personal-inform		Defendant's name (including ref.)				
				Date				
1.	What is your r	name or, if you are a legal re	epresenta	tive, the nam	ne of your firm	?		
2.	Are you a	Claimant	Defen	dant	Legal Re	pres	entative	
		Other (please specify)						
	If you are a le	gal representative whom do	you repr	esent?				
3.	What order ar	re you asking the court to m	nake and v	why?				
4.	Have you atta	ached a draft of the order yo	ou are app	olying for?	Yes		☐ No	
5.	. How do you want to have this application dealt with?			th?	at a hear	ing	without a hearing	
					at a remo	ote h	earing	
6.	How long do	you think the hearing will la	st?		Hour	S	Minutes	
	Is this time es	stimate agreed by all parties	s?		Yes		☐ No	
7.	Give details o	f any fixed trial date or peri	od					
8.	What level of	Judge does your hearing ne	ed?					
9. Who should be served with this application?								
9a	_	ne service address, (other the nt or defendant) of any part						

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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				
If necessary, please continue on a separate sheet.				

11. Do you believe you, or a witness who will give evidence on your behalf, are vuli in any way which the court needs to consider?				
	Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.			
	☐ No			

## **Statement of Truth**

I understand that proceedings for contempt of court may be							
brought against a person 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.							
without an nonest betier in its truth.							
I believe that the facts stated in section 10 (and any							
continuation sheets) are true.							
The applicant believes that the facts stated in section 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.							
Signature							
Applicant							
Litigation friend (where applicant is a child or a Protected Party)							
Applicant's legal representative (as defined by CPR 2.3(1))							
Date							
Day Month Year							
Full name							
Name of applicant's legal representative's firm							
If signing on behalf of firm or company give position or office held							

Applicant's address to which documents should be sent.
Building and street
Second line of address
Town or city
County (optional)
Postcode
If applicable
Phone number
Fax phone number
DX number
Your Ref.
Email