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| --- | --- | --- |
| N244**Application notice** | **Name of court** | **Claim no.**  |
| For help in completing this form please read the notes for guidance form N244Notes. | **Fee Account no.**(if applicable) | **Help with Fees – Ref. no.**(if applicable) |
|  |  |  |  |  |  |  |  |
|  | **H** | **W** | **F** | - |   |   |   | - |   |   |   |  |
|  |  |  |  |  |  |  |
| **Warrant no.**(if applicable) |       |
| **Claimant’s name** (including ref.) |
| Injured Person |
| **Defendant’s name** (including ref.) |
| Big Corporation |
| **Date** |       |
| 1. | What is your name or, if you are a legal representative, the name of your firm? |
|  | Truth Legal Limited |
|  |  |
| 2. | Are you a |   | Claimant |   | Defendant | x | Legal Representative |
|  |  |  |  |
|  |  |  |  |       |
|  |  |   | Other *(please specify)* |
|  |  |  |
|  |  |  |  |  |
|  | If you are a legal representative whom do you represent? | Injured Person |
| 3. | What order are you asking the court to make and why? |
|  | The Claimant applies for an order that the Defendant do provide full disclosure pursuant to CPR 31.16 as the Defendant is in breach of paragraph 3.10of the pre-action protocol for personal injury claims and is thereby in breach of the Practice Direction for pre-action conduct. |
|  |  |
| 4. | Have you attached a draft of the order you are applying for? | x | Yes |   | No |
|  |  |  |  |  |
|  |  |  |  |  |  |
| 5. | How do you want to have this application dealt with? | x | at a hearing |   | without a hearing |
|  |  |  |
|  |  |  | at a telephone hearing |
|  |  |  |
| 6. | How long do you think the hearing will last? |       | Hours | 30 | Minutes |
|  |  |  |  |  |  |
|  | Is this time estimate agreed by all parties? |   | Yes | ✓ | No |
|  |  |  |  |  |
| 7. | Give details of any fixed trial date or period |       |
|  |  |  |
| 8. | What level of Judge does your hearing need? | District Judge |
|  |  |  |
| 9. | Who should be served with this application? | The Defendant |
|  |  |  |
| 9a. | Please give the service address, (other than details of theclaimant or defendant) of any party named in question 9. | Big Corporation |
| 10. | What information will you be relying on, in support of your application? |
|  |  | x  | the attached witness statement |
|  |  |  |
|  |  |   | the statement of case |
|  |  |  |
|  |  |  | the evidence set out in the box below |
|  |  |  |
|  | If necessary, please continue on a separate sheet.  |
|  |  |  |  |
|  | **Statement of Truth** (I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true. |
|  | Signed |  | Dated |       |  |
|  |  | Applicant(’s legal representative)(’s litigation friend) |  |
|  | Full name |  |  |
|  | Name of applicant’s legal representative’s firm | Truth Legal Limited |  |
|  | Position or office held |  |  |
|  | (if signing on behalf of firm or company) |  |
|  |  |
| 11. | Signature and address details |
|  | 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 |
|   |  | If applicable |
|  | Phone no. | 01423 788 538 |
|  | Fax no. |  |
|  | DX no. |   |
|  | Ref no. |  |
| Postcode |  |  |  |  |  |  |  |  |  |  |  |
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