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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) | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. | | Are you a | | | | | | |  | | Claimant | | | | | | | | | | |  | Defendant | | | | | | x | | | Legal Representative | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | |  | | Other *(please specify)* | | | | | | | | | | |
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|  | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. | | Have you attached a draft of the order you are applying for? | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | Yes | | | | | | | | |  | No | | | | | | | | | | | | |
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| 5. | | How do you want to have this application dealt with? | | | | | | | | | | | | | | | | | | | | | | | | | | | x | | | at a hearing | | | | | | | | |  | without a hearing | | | | | | | | | | | | |
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| 6. | | How long do you think the hearing will last? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Hours | | | | | | | 30 | | | | Minutes | | | | | | | | | |
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|  | | Is this time estimate agreed by all parties? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Yes | | | | | | | | | ✓ | No | | | | | | | | | | | | |
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| 7. | | Give details of any fixed trial date or period | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. | | What level of Judge does your hearing need? | | | | | | | | | | | | | | | | | | | | | | | | | | | District Judge | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. | | Who should be served with this application? | | | | | | | | | | | | | | | | | | | | | | | | | | | The Defendant | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9a. | | Please give the service address, (other than details of the  claimant 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | |  | | the statement of case | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | |  | | the evidence set out in the box below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If necessary, please continue on a separate sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 11. | | Signature and address details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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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