N	2	4

## **Application notice**

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



Name of court County Court at Ec	Claim no. D02ED073			
Fee account no. (if applicable)	Help with Fees - Ref. no. (If applicable)			
	H	VF-	177-0	T
Warrant no. (If applicable)				
Claimant's name (inch London Borough of Ref: LS/C/LI/15725	Enfield			
Defendant's name (inc Mr Simon Cordell Ref: VLS/EO/H/COR				
Date	704.0	cember		-

VLS SOLIC	CITORS		_		
. Are you a	☐ Claimant	☐ Defendant	✓ Legal Representative		
	Other (please specify)				
If you are a legal representative whom do you represent?			DEFENDANT		
What order a	re you asking the court to ma	ake and why?			
AN ORDER CLAIM WAS	THAT THE CLAIMANT PA STRUCK OUT	YS THE DEFENDA	NT'S COSTS BECAL	USE THE CLAIMANT'S	
Have you atta	ched a draft of the order <u>y</u> ou	are applying for?	Yes	₩ No	
How do you w	vant to have this application	dealt with?	at a hearing	without a hearing	
			at a telephone hearing		
How long do y	low long do you think the hearing will last?		Hours	Minutes	
s this time estimate agreed by all parties?		☐ Yes	No		
Sive details of any fixed trial date or period					
What level of J	What level of Judge does your hearing need?				
Who should be	ho should be served with this application?		CLAIMANT		
Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.		ENFIELD COUNCIL LEGAL SERVICES PO BOX 50 CIVIC CENTRE SILVER STREET ENFIELD EN1 3XA			
	If you are a lead what order and AN ORDER CLAIM WAS Have you attached by the string of July Who should be please give the	Other (please specify)  If you are a legal representative whom do  What order are you asking the court to me AN ORDER THAT THE CLAIMANT PA CLAIM WAS STRUCK OUT  Have you attached a draft of the order you How do you want to have this application  How long do you think the hearing will lass Is this time estimate agreed by all parties?  Give details of any fixed trial date or period  What level of Judge does your hearing need  Who should be served with this application  Please give the service address, (other than	Are you a Claimant Defendant  Other (please specify)  If you are a legal representative whom do you represent?  What order are you asking the court to make and why?  AN ORDER THAT THE CLAIMANT PAYS THE DEFENDAL CLAIM WAS STRUCK OUT  Have you attached a draft of the order you are applying for?  How do you want to have this application dealt with?	Are you a Claimant Defendant Legal Repression Other (please specify)  If you are a legal representative whom do you represent?  What order are you asking the court to make and why?  AN ORDER THAT THE CLAIMANT PAYS THE DEFENDANT'S COSTS BECAUCLAIM WAS STRUCK OUT  Have you attached a draft of the order you are applying for? Yes  How do you want to have this application dealt with? at a hearing at a telephone  How long do you think the hearing will last? Hours  Is this time estimate agreed by all parties? Yes  Give details of any fixed trial date or period  What level of Judge does your hearing need?  Who should be served with this application?  CLAIMANT  Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.  ENFIELD COUNTER STREETENFIELD	

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