

Application notice

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

Name of court Cardiff District Registry	Claim no. C90CF012
Fee account no. (if applicable)	Help with Fees – Ref. no. (if applicable)
	H W F - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Warrant no. (if applicable)	
Claimant's name (including ref.) Maurice John Kirk	
Defendant's name (including ref.) Sec of State for Justice (1) Parole Board (2) Chief Constable of South Wales Police	
Date	25.08.17

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

DOLMANS SOLICITORS

2. Are you a Claimant Defendant Legal Representative
 Other (please specify)

If you are a legal representative whom do you represent?

THIRD DEFENDANT

3. What order are you asking the court to make and why?

THAT THE CLAIMANT'S CLAIM BE STRUCK OUT AS AGAINST THE THIRD DEFENDANT AND OR JUDGEMENT ENTERED FOR THE THIRD DEFENDANT ON THE CLAIM

4. Have you attached a draft of the order you are applying for? Yes No

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

6. How long do you think the hearing will last?
 Hours Minutes
 Is this time estimate agreed by all parties? Yes No

7. Give details of any fixed trial date or period N/A

8. What level of Judge does your hearing need? HHJ KEYSER QC

9. Who should be served with this application? ALL PARTIES

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

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.

Statement of Truth

(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.

Signed A.P. Oliver, DL Dated 25.08.17

Applicant(s) legal representative(s) litigation friend)

Full name ADRIAN PAUL OLIVER

Name of applicant's legal representative's firm DOLMANS SOLICITORS

Position or office held PARTNER
(if signing on behalf of firm or company)

11. Signature and address details

Signed A.P. Oliver, DL Dated 25.08.17

Applicant(s) legal representative(s) litigation friend)

Position or office held PARTNER
(if signing on behalf of firm or company)

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

DOLMANS SOLICITORS
ONE KINGSWAY
CARDIFF

Postcode

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If applicable	
Phone no.	02920345531
Fax no.	02920398206
DX no.	122723 CARDIFF 12
Ref no.	APO.SWP1-511

E-mail address adriano@dolmans.co.uk