Application notice

For help in completing this form please read the notes for guidance form N244 Notes

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In the High Court of Justice Queen's Bench Division		
Claim no.	n no. QB-2019-000616	
Fee Account no.	PBA0087028	
Warrant no. (if applicable)		
Claimant (including ref.)	(1) Nuneaton & Bedworth Borough Council (2) WarWickshire County Council	
Defendants (including ref.)	(1) Thomas Corcoran ★2)-(53) Other Named ★ Defendants 2022 (54) Persons Unknown	
Date	25 July 2022 DIV	

				Defendants2022
				(54) Persons Unknown
			Date	25 July 2022 DIV
1.	What is your name or, if you are a legal representative, the	ie name	of your firm?	QB-2019-000616 Sub Event ID: 51
	Sharpe Pritchard LLP			Oub Eventib. 01
2.	Are you a Claimant Defendant	⊠ L	∟egal Representat	ive
	Other (please specify)			
	If you are a solicitor whom do you represent	Claima	ant	
3.	What order are you asking the court to make and why?			
	The Claimant seeks an extension of time for service of Application Notice.	evidend	ce for the reasons	set out in paragraph 10 of this
4.	Have you attached a draft of the order you are applying for	or	⊠ Yes	□No
5.	How do you want to have this application dealt with?		at a hearin	g 🔀 without a hearing
			☐ at a teleph	one 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			
8.	What level of Judge does your hearing need?		High Court	
9.	Who should be served with this application?		Defendants	
9a.	Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.	;		
	1			

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10.	Wł	hat infor	rmation 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 ne	eces	ssary, p	lease continue on a separate sheet
It is	res	pectfully	y submitted that the extension sought should be granted for the following reasons:
	1.	been p	laimants seek an extension to file and serve the updated evidence on the basis that the statement has prepared however, due to limited resources and the holiday period there has been some difficulties enced with finalising and gathering the evidence required to complete the witness statement.
	2.	It is res	spectfully submitted that the extension sought should be granted for the following reasons:
		i.	No Defendant has acknowledged service or participated in the proceedings to date, or indicated that they intend to.
		ii.	The next deadline after the filing and serving of the updating evidence is another direction/deadline that the Claimant must meet (that being that the Claimant file and serve Scott Schedules particularising the allegations against each Defendant). The Defendants need not respond to the Scott Schedules or provide any evidence in response to the Claim until 19 September 2022. Therefore, there is no prejudice caused to the Defendants by the extension sought. Conversely, there would be prejudice caused to the Claimants by refusing the extension, as important evidence upon which the Claimants seek to rely will not be before the Court.
		iii.	The extension in no way jeopardises the listing of the final hearing, nor does it require any other direction to be varied, so there is no prejudice caused in that regard.

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

Statement of Truth

		opt of court may be brought against anyone who makes, or causes to be erified by a statement of truth without an honest belief in its truth.
☐ I believe that the	ne facts stated in secti	ion 10 (and any continuation sheets) are true.
	believes that the fact the applicant to sign t	ts stated in section 10 (and any continuation sheets) are true. I am this statement.
Signature		
win	m. 4. M	
☐ Applicant		
☐ Litigation friend	(where applicant is a	child or a Protected Party)
	al representative (as de	efined by CPR 2.3(1))
Date		
	Month	Year
25	July	2022
Full name		
William Maxwell F	lunt Rose	
Name of applicar	nt's legal representa	ative's firm
Sharpe Pritchard	LLP	
If signing on beha	alf of firm or compa	any give position or office held
Partner		
	-	

Building and street
Elm Yard, 10-16 Elm Street
Second line of address
Town or city
London
County (optional)
Postcode
WC1X 0BJ
If applicable
Phone number
020 7405 4600 / 07799 900961
Fax number
020 7204 2244
DX number
Your Ref.
WMHR/170.19
Email
wrose@sharpepritchard.co.uk

Applicant's address to which documents should be sent.