N244

N2	244			Name of cou	rt	Claim no.				
Application notice				High Court - C	ueens Bench					
				Fee account no. (if applicable)		Help with Fees – Ref. no. (if applicable)				
For help in completing this form please read the notes for guidance form N244Notes.				PBA0087028		H W F -	-			
				Warrant no. (if applicable)						
Fin	nd out how H <mark>i</mark>	M Courts and Tribunals	Service	Claimant's name (including ref.)						
uses personal information you give them when you fill in a form: https://www.gov.uk/				(1) Nuneaton and Bedworth Borough Council(2) Warwickshire County Council						
go	vernment/org	ganisations/hm-courts-a	ınd-		Defendant's name (including ref.) COURT OF					
	ounals-servico arter	e/about/personal-inforn	nation-	(1) Thomas Corcoran (2)-(53) Other Named Defendants (54) Persons Linknow (1)						
				Date 18/08/2022 *						
1.	What is your r	name or if you are a legal :	renresentat	ive the name	of your firm	100	NON			
••		What is your name or, if you are a legal representative, the name of your firm? Sharpe Pritchard LLP								
						QB-2019-000	616			
2.	Are you a	Claimant	Defend	dant	✓ Legal Re	Sub Event ID presentative	: 56			
		Other (please specify)								
	If you are a lov	gal representative whom c	la vall rapre	ocont?	Claimant					
	ii you are a teg	gat representative whom t	io you repre	236111:	Olalinant					
3.	What order ar	e you asking the court to	make and w	vhy?						
	Pursuant to the Order of the Honourable Mr Justice Linden dated 23rd May 2022 at para 5c. the Claimant seeks permission to add to the claim a further site over which final injunctive relief is sought.									
4.	. Have you attached a draft of the order you are applying		lying for?	Yes	✓ No					
5.	How do you w	ant to have this application	on dealt wit	h?	✓ at a hear	ing 🗌 withou	ıt a hearing			
					at a remo	ote hearing				
6.	How long do y	ou think the hearing will l	ast?		0 Hours	s 30 Min	utes			
	Is this time estimate agreed by all parties?			Yes	☐ No					
7.	Give details of any fixed trial date or period			Wk commencing 12th December 2022						
8.	What level of Judge does your hearing need?			High Court						
9.	Who should be served with this application?			Defendants						
9a.	_	ne service address, (other and or defendant) of any par								

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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.
1. Pursuant to the Order of the Honourable Mr Justice Linden dated 23rd May 2022, at para 5c., the Claimant seeks permission to add a further site over which injunctive relief is sought. Such application to be heard at the trial of the claim listed with a 2 day time estimate commencing the 12th December 2022.
2. The Claimant relies on the attached Witness Statements of Mr Philip Richardson dated 17th August 2022 and Mr John Bosworth dated 16th August 2022 in support of the application.

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

Statement of Truth

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.						
	I believe that the facts stated in section 10 (and any continuation sheets) are true.					
The applicant believes that the facts stated in section 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.						
Signatur	e					
William Rose						
Appli	cant					
Litiga	ation friend (whe	ere applicant is a child or a Protected Party)				
✓ Applicant's legal representative (as defined by CPR 2.3(1))						
Date						
Day	Month	Year				
18	08	2022				
Full name						
William Maxwell Hunt Rose						
Name of applicant's legal representative's firm						
Sharpe Pritchard LLP						
If signing on behalf of firm or company give position or office held						
Partner						

Applicant's address to which documents should be sent.

Building and street
Elm Yard
Second line of address
Elm Street
own or city
ondon
County (optional)
Postcode
W C 1 X 0 B J
f applicable
Phone number
02074054600/07799900961
ax phone number
020 7204 2244
OX number
our Ref.
VMHR/170.19
Email
vrose@sharpepritchard.co.uk