

Application notice

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



Name of court County Court at Edmonton	Claim no. D02ED073
Fee account no. (if applicable)	Help with Fees - Ref. no. (if applicable)
	H W F - [] [] [] - [] [] []
Warrant no. (if applicable)	
Claimant's name (including ref.) London Borough of Enfield Ref: LS/C/LI/157255	
Defendant's name (including ref.) Mr Simon Cordell Ref: VLS/EO/H/CORDELL/17	
Date	21 December 2017

1 • What is your name or, if you are a legal

representative, the name of your firm? VLS SOLICITORS
If you are a legal representative whom do you represent?

DEFENDANT

2. Are you a Claimant Defendant Legal Representative

AN ORDER THAT THE CLAIMANT PAYS THE DEFENDANT'S COSTS BECAUSE THE CLAIMANT'S CLAIM WAS STRUCK OUT Other (please specify)

- 3. What order are you asking the court to make and why?
- 4. Have you attached a draft of the order you are applying for?
- 5. How do you want to have this application dealt with?

6. How long do you think the hearing will last? is this time estimate agreed by all parties?

Yes No

7. Give details of any fixed trial date or period

at a hearing without a hearing

8. What level of Judge does your hearing need?

at a telephone hearing

9. Who should be served with this application?

[] Hours [] Minutes

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

Yes No

CLAIMANT

ENFIELD COUNCIL LEGAL SERVICES PO BOX 50 CIVIC CENTRE SILVER STREET ENFIELD EN1 3XA