

HP/15/0689

# Application notice

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



DATE: 16 DEC 15  
TIME: 7.30  
IN A COURT TO BE CONFIRMED

In the High Court of Justice Queens Bench Division	
Claim no.	HQ1500825 HQ1500825
Fee Account no.	
Warrant no. (if applicable)	
Claimant's name (including ref.)	(1) Harlow District Council (2) Essex County Council
Defendant's name (including ref.)	(1) William McGinley (2) Josie McGinley & Others
Date	24-10-15

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

(1) Amanda Julian Harlow District Council (2) Philip Thomson Essex County Council

2. Are you a  Claimant  Defendant  Legal Representative

Other (please specify)

If you are a legal representative whom do you represent?

(1) Harlow Council (2) Essex County

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

That a final hearing is listed in the above named matter and that the service orders sought pursuant to CPR Part 6.28, or, alternatively CPR Part 6.27 are granted for the reasons set-out in the Third Witness Statement of Amanda Julian.

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

1 day

8. What level of Judge does your hearing need?

High Court Judge

9. Who should be served with this application?

Claimants to arrange service

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

[Empty box for service address]

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.

The First and Second Claimant will be relying on the evidence in the nine bundles before the Court at the interim hearing along with updated witness statements to be filed at Court before the hearing.

**Statement of Truth**

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

Signed *Amanda Julian* Dated 29/10/15  
Applicant('s legal representative)'(s-litigation friend)

Full name (1) Amanda Jane Julian (2) Philip Thomson

Name of applicant's legal representative's firm (1) Harlow District Council (2) Essex County Council

Position or office held Legal Services Manager  
(if signing on behalf of firm or company)

11. Signature and address details

Signed *Amanda Julian* Dated 29/10/15  
Applicant('s legal representative)'(s-litigation friend)

Position or office held Legal Services Manager  
(if signing on behalf of firm or company)

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

Harlow District Council  
The Civic Centre  
The Water Gardens  
Harlow  
Postcode 

C	M	2	0	1	W	G
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If applicable	
Phone no.	01279 446072
Fax no.	01279 446063
DX no.	40550 Harlow 1
Ref no.	HA01/45

E-mail address amanda.julian@harlow.gov.uk