Appli

N2	44			Name of cou	rt		Claim no.		
Application notice			High Court Kings Bench Division						
			Fee account no. (if applicable)		Help with Fees – Ref. no. (if applicable)				
		eting this form please read dance form N244Notes.		PBA0086876		HV	/ F		
	3			Warrant no. (if applicable)					
us	es personal ir	I Courts and Tribunals Se nformation you give ther a form: https://www.gov.	n	Claimant's name (including ref.) Ashford Borough Council Defendant's name (including ref.) (1)JOHN MATTHEWS (2)SAILLUS LEE (3)EUGENE LEE (4)NATHAN LEE (5)LEWIS LEE (6)PERSONS					
trik		ganisations/hm-courts-a /about/personal-informat							
				Date					
1.		ame or, if you are a legal re imer, Solicitor to Council ar				igh C	ouncil		
2.	Are you a	☐ Claimant	Defen	dant	✓ Legal Re	prese	entative		
		Other (please specify)							
	If you are a leg	gal representative whom do	you repre	sent?	Ashford Bor	ough	Council		
3.	What order are you asking the court to make and why? Claim under S187B of the Town and Country Planning Act 1990 (as amended) to prevent breaches of planning control for the reasons set out in witness statement of Joanne Alexander dated 29.03.24 The Claimant seeks and Order for alternative service pursuant to CPR6.14, 6.15, 6.26 and 6.27.								
4.	Have you attac	ched a draft of the order you	u are appl	ying for?	✓ Yes		☐ No		
5.	How do you w	ant to have this application	dealt with	า?	✓ at a heari	ng	without a hearing		
					at a remo	te he	aring		
6.	How long do y	ou think the hearing will las	st?		Hours	S	30 Minutes		
	Is this time es	timate agreed by all partie	es?		Yes		No		
							•		
7.	Give details of	any fixed trial date or perio	od						
8.	What level of Judge does your hearing need?				High Court				
9.	Who should be served with this application?								
9a.	_	e service address, (other the tor defendant) of any party			N/A				

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. Witness statement of Ms Joanne Alexander dated 29.03.24 and exhibits

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.						

Statement of Truth

I understand that proceedings for contempt of court may brought against a person who makes, or causes to be made false statement in a document verified by a statement of without an honest belief in its truth.	de, a
I believe that the facts stated in section 10 (and any continuation sheets) are true.	
✓ The applicant believes that the facts stated in section (and any continuation sheets) are true. I am authorised applicant to sign this statement.	
MorAvor Signature	
 □ Applicant □ Litigation friend (where applicant is a child or a Protecte ✓ Applicant's legal representative (as defined by CPR 2. Date 	•
Day Month Year 3 0 0 4 2 0 2 4	
Full name Mr Terry Mortimer, Solicitor to Council and Monitoring Office	er er
Name of applicant's legal representative's firm Ashford Borough Council If signing on behalf of firm or company give position or office	
	e held

Applicant's address to which documents should be sent.

Building and street

Ashford Borough Council, Legal Department

Second line of address

Civic Centre, Tannery Lane

Town or city

Ashford

County (optional)

Kent

Postcode

If applicable

Phone number

01233 330214

Fax phone number

DX number

DX 151140 Ashford (Kent) 7

Your Ref.

Email

samantha.clarke@ashford.gov.uk