N244

N244				Name of cour		Claim no.	
Application notice				High Court (KBD)		KB-2024-001463	
•••			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. Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter				PBA0077713		HWF	
				Warrant no. (if applicable)			
				Claimant's name (including ref.) HANSON QUARRY PRODUCTS EUROPE LIMITED (T/A HEIDELBERG MATERIALS UK) Defendant's name (including ref.) OURT OF D1 - 3 DIFFERENT CATEGORIES OF PERSONS UNKNOWN			
1.	200						
	Lungs	ssional Services Limit				KB-2024-001463	
2.	Are you a	Claimant	Defen	dant	✓ Legal Re	presentative	
		Other (please spe	cify)				
	If you are a leg	al representative who	om do you repr	esent?	Claimant/A	pplicant	
3.	3. What order are you asking the court to make and why?						
	An order in the form of the draft order enclosed seeking, inter alia, (i) the listing of the hearing of the application to continue the injunction and continue the claim; and (ii) to allow alternative service of that application and the related notice of hearing.						
4.	1. Have you attached a draft of the order you are applying for				✓ Yes	☐ No	
5.	How do you wa	ant to have this applic	cation dealt wit	th?	at a hear	ing without a hearing	
					at a remo	te hearing	
6.	How long do y	ou think the hearing v	will last?		Hours	Minutes	
	Is this time est	imate agreed by all p	arties?		Yes	☐ No	
7.	Give details of any fixed trial date or period						
8.	. What level of Judge does your hearing need?				High Court	Judge	
9.	9. Who should be served with this application?				Persons Ur	nknown (after the Order)	
9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.					N/A		

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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. Please see the attached witness statement.						
Please see the attached withess statement.						

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.					
Signature					
214					
Applicant Litination friend (whose applicant is a shill are Dustocted Darts)					
Litigation friend (where applicant is a child or a Protected Party) Applicant's legal representative (as defined by CPR 2.3(1))					
Date					
Day Month Year					
1 5 0 5 2 0 2 5					
Full name					
DAVID CONVEY					
Name of applicant's legal representative's firm					
Knights Professional Services Limited					
If signing on behalf of firm or company give position or office held					
Partner/Solicitor					

Applicant's address to which documents should be sent.

Building and street

Knights Professional Services Limited

Second line of address

The Brampton

Town or city

Newcastle under Lyme

County (optional)

Staffordshire

Postcode

If applicable

Phone number

01782 619225

Fax phone number

DX number

Your Ref.

HAN226/2561

Email

cyhquarry@legal-contact.com