

Listing Questionnaire (Pre-trial checklist)

To be completed by, or on behalf of,

{ MERGEFIELD "LINKNAME_FORENAME_1" } {
MERGEFIELD "LINKNAME_SURNAME_1" }

Who is [1st] [2nd] [3rd] [{ FORMTEXT }] [Claimant]
[Defendant] [Part 20 Claimant] [Part 20 Defendant] in this
claim

This form must be completed and
returned to the court no later than
the date given above. If not, your
statement of case may be struck
out or some other sanction
imposed.

If the claim has settled, or settles
before the trial date, you must let
the court know immediately.

In the
{ MERGEFIELD
TK_PICOURTDETS_tkCIVILCRT_name }

Claim No:

{ MERGEFIELD
TK_PICOURTDETS_tkCLAIMNO }

Last date for filing with
court office:

{ FORMTEXT }

Date(s) fixed for trial
or trial period:

{ FORMTEXT }

Legal Representatives only: You
must attach estimates of costs
incurred to date, and your likely
overall costs. In substantial cases,
these should be provided in
compliance with CPR Part 43.

For multi-track claims only, you
must attach a proposed timetable
for the trial itself.

A Confirmation of compliance with directions

1. I confirm that I have complied with those directions already
given which require action by me.

Yes {

FORMCHECKBOX } No { FORMCHECKBOX }

If you are unable to give confirmation, state which directions you have still to comply with and the
date by which this will be done.

Directions	Date
{ FORMTEXT }	{ FORMTEXT }

2. I believe that additional directions are necessary before the trial takes place.
FORMCHECKBOX } No { FORMCHECKBOX }

Yes {

If Yes, you should attach an application and a draft order.

*Include in your application all directions needed to enable the claim to be tried on the date, or within the trial period, already fixed.
These should include any issues relating to experts and their evidence, and any order needed in respect of directions still requiring
action by any other party.*

3. Have you agreed the additional directions you are seeking with the other party(ies)?
FORMCHECKBOX } No { FORMCHECKBOX }

Yes {

B Witnesses

1. How many witnesses (including yourself) will be giving evidence on
your behalf at the trial? (Do not include experts – see section C)

{ FORMTEXT }

Witnesses continued

2. If the trial date is not yet fixed, are there any days within the trial period you or your witnesses would wish to avoid if possible? (Do not include experts – see section C)

Please give details

Name of witness	Dates to be avoided if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Please specify any special facilities or arrangements needed at the court for the party or any witness (e.g., witness with a disability)

{ FORMTEXT }

3. Will you be providing an interpreter for any of your witnesses? Yes { FORMCHECKBOX } No { FORMCHECKBOX }

C Experts

You are reminded that you may not use an expert's reports or have your expert give oral evidence unless the court has given permission. If you do not have permission, you must make an application (see section A2 above)

1. Please give the information requested for your expert(s)

Name	Field of expertise	Joint expert?	Report agreed?	Has permission been given for oral evidence?
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }
{ FORMTEXT }	{ FORMTEXT }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }	Yes { FORMCHECKBOX } No { FORMCHECKBOX }

2. Has there been discussion between experts? Yes { FORMCHECKBOX } No { FORMCHECKBOX }

3. Have the experts signed a joint statement? Yes { FORMCHECKBOX } No { FORMCHECKBOX }

4. If your expert is giving oral evidence and the trial date is not yet fixed, is there any day within the trial period which the expert would wish to avoid, if possible?

Yes {

FORMCHECKBOX } No { FORMCHECKBOX }

If Yes, please give details

Name of witness	Dates to be avoided if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

D Legal Representation

1. Who will be representing your case at the trial? { FORMCHECKBOX } You
{ FORMCHECKBOX } Solicitor { FORMCHECKBOX } Counsel

2. If the trial date is not yet fixed, is there any day within the trial period that the person representing your case would wish to avoid, if possible? Yes { FORMCHECKBOX } No { FORMCHECKBOX }

If Yes, please give details

Name of witness	Dates to be avoided if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

E The trial

1. Has the estimate of the time needed for trial changed? Yes { FORMCHECKBOX }
No { FORMCHECKBOX }

If Yes, say how long you estimate the whole trial will take, Including both parties' cross examination and closing arguments { FORMTEXT } Days, { FORMTEXT } Hours, { FORMTEXT } Minutes

2. If different from original estimate you have agreed with the other party(ies) that this is now the total time needed? Yes { FORMCHECKBOX }
No { FORMCHECKBOX }

3. Is the timetable for trial you have attached agreed with the other party(ies)? Yes { FORMCHECKBOX }
No { FORMCHECKBOX }

Fast track cases only

The court will normally give you 3 weeks notice in the fast track of the date fixed for a fast track trial unless, in exceptional circumstances, the court directs that shorter notice be given.

Would you be prepared to accept shorter notice of the date fixed for trial? Yes { FORMCHECKBOX }
No { FORMCHECKBOX }

F Document and fee checklist

Tick as appropriate

I attach to this questionnaire:

{ FORMCHECKBOX } An application and fee for additional directions { FORMCHECKBOX } A proposed timetable for trial
{ FORMCHECKBOX } A draft order { FORMCHECKBOX } An estimate of costs
{ FORMCHECKBOX } Listing fee

Signed

Please enter your [firm's] name, reference number and full postal address including (if appropriate) details of DX, fax or e-mail.

[Counsel][Solicitor][for the][1st][2nd][3rd][{ FORMTEXT }]
[Claimant][Defendant][Part 20 claimant]
[Part 20 Defendant]

Date: { FORMTEXT }		{ FORMTEXT }			
		Postcode: { FORMTEXT }			
Tel no:	{ FORMTEXT }	DX no:	{ FORMTEXT }	E-mail:	{ FORMTEXT }
Fax no:	{ FORMTEXT }	Ref no:	{ FORMTEXT }		{ FORMTEXT }

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