In the { MERGEFIELD TK_PICOURTDETS	S_tkCIVILCRT_name }
Claim No:	{
Last date for filing w court office:	ith { FORMTEXT }
Date(s) fixed for trial or trial period:	{ FORMTEXT }
Legal Representatives only: Y must attach estimates of costs incurred to date, and your lik overall costs. In substantial ca these should be provided in compliance with CPR Part 43	s must attach a proposed timetable tely for the trial itself. ases,
ons already	Ves {
	{ MERGEFIELD TK_PICOURTDETS Claim No: Last date for filing w court office: Date(s) fixed for trial or trial period: Legal Representatives only: M must attach estimates of costs incurred to date, and your lik overall costs. In substantial co these should be provided in compliance with CPR Part 43

**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. Yes { FORMCHECKBOX } No { FORMCHECKBOX }

#### 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)? Yes { FORMCHECKBOX } No { FORMCHECKBOX }

### **B** Witnesses

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

#### 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? FORMCHECKBOX } No { FORMCHECKBOX } Yes {

## 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? FORMCHECKBOX } No { FORMCHECKBOX } Yes {

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

Yes {

### 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? FORMCHECKBOX } No { FORMCHECKBOX }

Yes {

### 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? FORMCHECKBOX } No { FORMCHECKBOX }

Yes {

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? No { FORMCHECKBOX }	Yes { FORMCHECKBOX }		
3. Is the timetable for trial you have attached agreed with the other party(ies)? No { FORMCHECKBOX }	Yes { 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:	
addition	ICHECKBOX } An application and fee for al directions	{ FORMCHECKBOX } A proposed timetable for trial
-	ICHECKBOX } A draft order ICHECKBOX } Listing fee	{ FORMCHECKBOX } An estimate of costs

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][1<sup>st</sup>][2<sup>nd</sup>][3<sup>rd</sup>][{ FORMTEXT }] [Claimant][Defendant][Part 20 claimant] [Part 20 Defendant]

Date: { FO	DRMTEXT }		{FORMTEXT }	Postco	de: { FORMTEXT }	
Tel no: Fax no:	{ FORMTEXT } { FORMTEXT }	DX no: Ref no:	{ FORMTEXT } { FORMTEXT }	E-mail:	{ FORMTEXT } { FORMTEXT }	

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