

Please refer to the Procedural Applications Guidance Note. This form should not be used if you are seeking any Special Measures Directions for vulnerable witnesses or Respondents, anonymisation of the Cause List or for Hearing or part of the Hearing to be in private.

1 – Case Details

Case number

Case name

Name of party making this Application

Are you the Applicant or the Respondent in the main proceedings?

Applicant

Respondent

2 – Details of Application

Please give details of the Order you are applying for and the reasons for your Application. The Tribunal deciding the Application will be assisted if a draft Order is attached (please continue on a separate sheet if required).

2 – Details of Application continued

What information will you be relying on in support of your Application?

- The evidence set out in the box above
- The witness statements, reports or other documents listed in the box below

If you are relying on witness statements, reports or other documents in support of your Application, please list the documents in the box below, attach copies to the notice and serve copies on the Respondents to the Application (please continue on a separate sheet if required).

Have you previously applied for Directions relating to this Application?

- Yes
- No

If **yes**, please give details and explain what has changed since then (please continue on a separate sheet if required).

Is this Application agreed by the other parties? (attach supporting correspondence)

- Yes
- No

Do you want this Application to be decided on the papers without an oral hearing?

- Yes
- No

If you want an oral hearing, what is your time estimate?

Hours	Minutes
<input type="text"/>	<input type="text"/>

3 – Details of Party making this Application

Name of party making this Application

Name of Applicant’s legal representative (if any)

Email address for service

Telephone

If a party does not have an email address, please state the postal address for the service.

4 – Details of Parties to be served with this Application

Respondent 1

Name of parties who should be served with this Application

Name of Respondent’s legal representative (if any)

Email address for service

Telephone

If a party does not have an email address, please state the postal address for the service.

Respondent 2 (if applicable)

Name of parties who should be served with this Application

Name of Respondent’s legal representative (if any)

Email address for service

Telephone

If a party does not have an email address, please state the postal address for the service.

5 – Vulnerable Parties or Witnesses

Is any party or witness considered to be vulnerable within the scope of the Solicitors Disciplinary Tribunal Guidance Note on Applications for Special Measures?

Yes No

If **yes**, please detail the name of the witness and the nature of the vulnerability.

If you would like the Tribunal to consider any special measures in respect of the vulnerability of a party or witness, you will need to submit an Application for Special Measures using the prescribed form.

6 – Statement of Truth

Please select below:

I believe **The Applicant believes** **The Respondent believes**

that the facts in this Application are true.

Signed*

Date

* By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

Name of legal representative’s firm
(if applicable)

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