

# Certificate of Readiness and Hearing Timetable

Case number

Between:

Applicant

and

Respondent 1

Respondent 2

Respondent 3

Respondent 4

Respondent 5

Name of party filing Certificate and Hearing Timetable

Date filed at Tribunal

1. I confirm that I sent a copy of this Certificate of Readiness and Hearing Timetable and all documents attached to every party on:

Date

2. I confirm that I have complied with those Directions which require action by me and that I am ready for the final hearing:

Yes

No

If you have answered **no**, state the number(s) of the Direction(s) with which you have yet to comply and the date by which this will be done. Please use an additional sheet if necessary.

Date of Order

Direction(s) number

Date by which you will comply

## Certificate of Readiness and Hearing Timetable

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3. Do you require any further Directions?

Yes  No

If you have answered **yes**, please attach to this Certificate your application for further Directions with supporting documents (if applicable) and a draft of the Order sought.

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4 a. How many witnesses will be giving evidence on your behalf at the final hearing?

Number

4 b. What are the names of the witnesses?

4 c. Will any witness be giving evidence remotely from outside the jurisdiction?

Yes  No

If **yes**, please confirm that all formalities have been complied with or contact the Tribunal to request a Case Management Hearing to consider the position.

### Special Measures Directions including Evidence by Video Link

See SDT Guidance Note on Applications for Special Measures Directions and SDT Video Link Request Guidance Note available on the SDT website or on request from the Case Management Team.

5 a. Do you require any Special Measures Directions?

Yes  No

If **yes**, the Tribunal will need to consider whether to make a Direction (if it hasn't already done so).

5 b. Have you completed the Application for a Special Direction form?

Yes  No  Not applicable

If **yes**, what was the outcome of the Application? (please attach a copy of the Application form and the decision sheet).

If **no**, please ensure you submit the form to the Case Management Team by email: [enquiries@solicitorsdt.com](mailto:enquiries@solicitorsdt.com) or by post: addressed to the Clerk to the Solicitors Disciplinary Tribunal, 2nd Floor, 45 Ludgate Hill, London EC4M 7JU

**The Application will not be considered by the Tribunal in the absence of the completed form.**

**Special Measures Directions including Evidence by Video Link continued**

5 c. Is any witness considered vulnerable within the scope of the Solicitors Disciplinary Tribunal Guidance Note on Applications for Special Measures for Vulnerable Witnesses?

- Yes                       No                       Not applicable

If **yes**, has an Application for Special Measures been made?

- Yes                       No                       Not applicable

If **no**, does either party intend to make such an application?

- Yes                       No                       Not applicable

**Interpreters**

6 a. Do you require an interpreter at the final hearing?

- Yes                       No

If **yes**, please complete the questions below.

6 b. On which dates will the interpreter be required?

6 c. Have you made your own arrangements for an interpreter to attend the hearing?

- Yes                       No

6 d. If you have not made your own arrangements, have you asked the Applicant to make arrangements for an interpreter to attend the hearing?

- Yes                       No

**Please note, the Tribunal will not arrange for an interpreter to attend the hearing on your behalf.**

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7. Please provide the name, nature of advocate and contact details below of the person who will be presenting your case at the substantive hearing.

Name

Counsel or solicitor

Address

Telephone number

Email

Other contact details as applicable

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8. Has the time estimate for the final hearing changed?

Yes

No

If **yes**, please answer the questions below using an additional sheet if necessary.

8 a. What are the reasons for this?

8 b. Have you informed the Tribunal and, if so, when?

8 c. How long do you think the hearing will take?

8 d. Have you agreed the new time estimate with every other party?

8 e. If not, why not?

**Hearing Timetable**

To enable the Case Management Team to list this matter appropriately, please complete the Hearing Timetable as shown in the example below with details of the estimated time required by each party to examine each witness. Where possible, this template should be agreed between the parties. **The Hearing Timetable should be completed regardless of whether it is agreed or not.** Please also indicate time estimates for opening and closing submissions on this template.

			Date
<b>Day 1 Example</b>			15.05.2024
Witness / Opening and Closing	Applicant	Respondent	Total
Opening	25 mins	25 mins	50 mins
Witness A	10 mins	20 mins	30 mins
Witness B	15 mins	25 mins	40 mins
<b>Lunch</b>			
Witness C	30 mins	40 mins	1 hr 10 mins
Witness D	15 mins	20 mins	35 mins
<b>Total Day 1</b>			3 hrs 45 mins

# Certificate of Readiness and Hearing Timetable

## Hearing Timetable continued

Has the Hearing Timetable been agreed by all parties?

Yes

No

Date

### Day 1

Witness / Opening and Closing

Applicant

Respondent

Total


### Lunch


**Total Day 1**

**Hearing Timetable continued**

			Date
<b>Day 2</b>			
Witness / Opening and Closing	Applicant	Respondent	Total
<b>Lunch</b>			
		<b>Total Day 2</b>	

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**Hearing Timetable continued**

			Date
<b>Day 3</b>			
Witness / Opening and Closing	Applicant	Respondent	Total
<b>Lunch</b>			
		<b>Total Day 3</b>	



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**Hearing Timetable continued**

			Date
<b>Day 4</b>			
<b>Witness / Opening and Closing</b>	<b>Applicant</b>	<b>Respondent</b>	<b>Total</b>
<b>Lunch</b>			
		<b>Total Day 4</b>	

**Hearing Timetable continued**

			Date
<b>Day 5</b>			
Witness / Opening and Closing	Applicant	Respondent	Total
<b>Lunch</b>			
		<b>Total Day 5</b>	

## Certificate of Readiness and Hearing Timetable

### Hearing Timetable continued

			Date
<b>Day 6</b>			
Witness / Opening and Closing	Applicant	Respondent	Total
<b>Lunch</b>			
		<b>Total Day 6</b>	

# Certificate of Readiness and Hearing Timetable

## Hearing Timetable continued

			Date
<b>Day 7</b>			
Witness / Opening and Closing	Applicant	Respondent	Total
<b>Lunch</b>			
		<b>Total Day 7</b>	

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.

Party represented (if applicable)