

Please refer to both the SDT **Procedural Application Guidance Note** and the **Guidance Note on Applications for Special Measures**.

For video link requests, please also refer to the **SDT Video Link Request Guidance Note**.

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 – Special Measures

Which special measure(s) are you applying for? Please tick what you propose:

Evidence by video link

Complete 2A

Anonymisation of cause list

Complete 2B

Hearing in private

Complete 2C

Special measures in relation to a party and/or a witness/witnesses

Complete 2D

Regular breaks

Other (please specify below)

2A – Evidence by Video Link

Has the Tribunal made a Direction previously for this witness to give evidence by video link?



Yes



No

If **yes**, please confirm what has changed since the Directions Order was made.

2B – Anonymisation of Cause List (Rule 34 Solicitors (Disciplinary Proceedings) Rules 2019)

On what grounds is the Application being made? See Rule 34 (2) Solicitors (Disciplinary Proceedings Rules) 2019.

Please ensure you provide a statement in support of your Application in accordance with Rule 34 (3) Solicitors (Disciplinary Proceedings) Rules 2019.

Application for a Special Measures Direction

2C – Hearing in Private (Rule 35 Solicitors (Disciplinary Proceedings) Rules 2019)

What is the date of the hearing?

Do you require the whole hearing or part of the hearing to be heard in private?

Whole hearing Part of the hearing

If part of the hearing, please specify which day and which part of the hearing you require to be heard in private.

On what grounds is the Application being made? See Rule 35 (2) Solicitors (Disciplinary Proceedings Rules) 2019.

Please ensure you provide a statement in support of your Application in accordance with Rule 35 (3) Solicitors (Disciplinary Proceedings) Rules 2019.

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

2D – Vulnerable Parties or Witnesses

Please complete a separate section for each party/witness.

Party or witness 1

Name of party or witness

What is the nature of the party's/witness's vulnerability? (see Guidance Note)

Explain why special measures would be likely to improve the quality of the party's/witness's evidence.

What views has the party/witness expressed about:

- a His or her eligibility?
- b Whether special measures would be likely to improve the quality of his or her evidence?
- c The measure(s) proposed?

2D – Vulnerable Parties or Witnesses continued

Party or witness 2

Name of party or witness

What is the nature of the party's/witness's vulnerability? (see Guidance Note)

Explain why special measures would be likely to improve the quality of the party's/witness's evidence.

What views has the party/witness expressed about:

- a His or her eligibility?
- b Whether special measures would be likely to improve the quality of his or her evidence?
- c The measure(s) proposed?

2D – Vulnerable Parties or Witnesses continued

Party or witness 3 (if more than three witnesses please continue on a separate sheet)

Name of party or witness

What is the nature of the party's/witness's vulnerability? (see Guidance Note)

Explain why special measures would be likely to improve the quality of the party's/witness's evidence.

What views has the party/witness expressed about:

- a His or her eligibility?
- b Whether special measures would be likely to improve the quality of his or her evidence?
- c The measure(s) proposed?

3 – Supporting Material

Have you included any supporting material with this Application?

Yes

No

If **yes**, please list below.

4 – Applicant's Details

Full names (including title)

Email

Address

Telephone

5 – Legal Representative’s Details (if applicable)

Name

Name of firm/chambers

Address

Telephone

Email

6 – Respondent’s Details

Respondent 1

Full names (including title)

Email

Address

Telephone

Respondent 2 (if applicable)

Full names (including title)

Email

Address

Telephone

7 – Legal Representative’s Details (if applicable)

Name

Name of firm/chambers

Address

Telephone

Email

8 – 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)