Listing questionnaire
(Pre-trial checklist)

Name of court	**{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**
Claim No.	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Last date for filing with court office	**{** MERGEFIELD FW_CN_CT_PRO_D1_FW_CN_D1_PTC_D **}**
Date(s) fixed for trial or trial period	**{** FORMTEXT **}**

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.

Legal representatives only: If no costs management order has been made. You must attach estimates of costs incurred to date, and of your likely overall costs. In substantial cases, these should be provided in compliance with CPR.

For multi-track claims only, you must also 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.   **{** FORMCHECKBOX **}**
Yes   **{** FORMCHECKBOX **}** No

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 **}**
Yes   **{** FORMCHECKBOX **}** No

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 orders 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 **}**
Yes   **{** FORMCHECKBOX **}** No

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)*

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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
{ MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" } { MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" } { MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" } { MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" } { MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" }	{ FORMTEXT }	{ FORMTEXT }

Please specify any special facilities or arrangements needed at 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 }
   Yes   { FORMCHECKBOX } No

C **Experts**

You are reminded that you may not use an expert's report 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?	Is report agreed?	Has permission been given for oral evidence?
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_SPEC }	{ FORMCHECKBOX } Yes { FOR	{ FORMCHECKBOX } Yes { FOR	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

		MCH ECK BOX **}** No	MCH ECK BOX **}** No	
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" **}**	**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_SPEC **}**	**{** FOR MCH ECK BOX **}** Yes **{** FOR MCH ECK BOX **}** No	**{** FOR MCH ECK BOX **}** Yes **{** FOR MCH ECK BOX **}** No	**{** FORMC HECKB OX **}** Yes **{** FORMC HECKB OX **}** No
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" **}**	**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_SPEC **}**	**{** FOR MCH ECK BOX **}** Yes **{** FOR MCH ECK BOX **}** No	**{** FOR MCH ECK BOX **}** Yes **{** FOR MCH ECK BOX **}** No	**{** FORMC HECKB OX **}** Yes **{** FORMC HECKB OX **}** No

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

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

4. If your expert is giving oral evidence and the trial date is not   **{** FORMCHECKBOX **}**
Yes   **{** FORMCHECKBOX **}** No
yet fixed, is there any day within the trial period which the expert
would wish to avoid, if possible?

If Yes, please give details

Name	Dates to be avoided, if possible	Reason
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }= "" "**{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_ORG_name" **}**" "**{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" **}**" **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**
{ IF { MERGEFIELD	**{** FORMTEXT **}**	**{** FORMTEXT **}**

FW_CN_MED_EXP_FW _CN_ME2_CON_surname }= "" "{ MERGEFIELD FW_CN_MED_EXP_FW _CN_ME2_ORG_name }" "{ MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME2_CON_forenam e" } { MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME2_CON_surname " }" }		
{ IF { MERGEFIELD FW_CN_MED_EXP_FW _CN_ME3_CON_surname }= "" "{ MERGEFIELD FW_CN_MED_EXP_FW _CN_ME3_ORG_name }" "{ MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME3_CON_forenam e" } { MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME3_CON_surname " }" }	**{** FORMTEXT **}**	**{** FORMTEXT **}**
{ IF { MERGEFIELD FW_CN_MED_EXP_FW _CN_ME4_CON_surname }= "" "{ MERGEFIELD FW_CN_MED_EXP_FW _CN_ME4_ORG_name }" "{ MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME4_CON_forenam e" } { MERGEFIELD "FW_CN_MED_EXP_FW _CN_ME4_CON_surname " }" }	**{** FORMTEXT **}**	**{** FORMTEXT **}**

D Legal representation

1.   Who will be presenting 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   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No
period that the person presenting your case would wish to avoid,
if possible?

If Yes, please give details

Name	Dates to be avoided, if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

E The trial

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

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 have you agreed with the other   **{** FORMCHECKBOX **}** Yes   **{** FORMCHECKBOX **}** No
party(ies) that this is now the total time needed?

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

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

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

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 or quote your Fee Account no. **{** FORMTEXT **}**

Signature   Your name and full postal address

	{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" } { MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" } { MERGEFIELD "PRACTICEINFO_HOUSE" }{ MERGEFIELD "PRACTICEINFO_AREA" }{ MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" }{ MERGEFIELD "PRACTICEINFO_COUNTY" }	*If applicable*	
[Legal Representative for the] [1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~] [Claimant][~~Defendant~~][~~Part 20 claimant~~]		Telephone no.	{ MERGEFIELD PRACTICEINFO_PHONE_NO }
		Fax no.	{ MERGEFIELD PRACTICEINFO_FAX_NO }
		DX no.	{ MERGEFIELD PRACTICEINFO_DX_NO }
	Postcode { MERGEFIELD PRACTICEINFO_POSTCODE }	Your ref.	{ MERGEFIELD "MATTER_FEE_EARNER_ID" }\{ MERGEFIELD "client_no" }\{ MERGEFIELD "matter_no" }

Date

{ FORMTEXT }	{ FORMTEXT }	/	{ FORMTEXT }	{ FORMTEXT }	/	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

Email	{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

Continuation

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

Name of court	{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }
Claim No.	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
Last date for filing with court office	{ MERGEFIELD FW_CN_CT_PRO_D1_FW_CN_D1_PTC_D }
Date(s) fixed for trial or trial period	{ FORMTEXT }

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
{ MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" } { MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" } { MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" }	{ FORMTEXT }	{ FORMTEXT }

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

Name	Field of expertise	Joint expert?	Is report agreed?	Has permission been given for oral evidence?
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_SPEC }	{ FORMCHECKBOX	{ FORMCHECKBOX	{ FORMCHECKBOX } Yes {

"FW_CN_MED_EXP_FW_CN_ME4_CON_surname" **}**		**}** Yes **{** FOR MCH ECK BOX **}** No	**}** Yes **{** FOR MCH ECK BOX **}** No	FORMC HECKB OX **}** No