

APPLICATION FOR A SPECIAL MEASURES DIRECTION

- Please use a SEPARATE application form for EACH witness
- Please refer to the 'SDT GUIDANCE NOTE ON APPLICATIONS FOR SPECIAL MEASURES FOR VULNERABLE WITNESSES, PARTIES OR LITIGANTS IN PERSON'
- For video link requests, please also refer to the 'SDT VIDEO LINK REQUEST GUIDANCE NOTE'
- In this form Applicant refers to the Applicant in the proceedings and not the person making the application
- Failure to complete every question or state if it does not apply could delay the case, as the Tribunal will have to ask you to provide the additional information required.
- If there is not enough space please attach separate sheets
- Please attach any evidence in support of your application

1. CASE DETAILS:

| | |
|--|--|
| Case Reference Number: | |
| Case Name(s) | |
| Is this application being made by or on behalf of the Applicant or Respondent? | |

2. WITNESS INFORMATION:

| | |
|---|--|
| Name of witness | |
| What is the nature of the witness's vulnerability?(See Guidance Note) | |
| Explain why special measures would be likely to improve the quality of the witness's evidence. | |
| What views has the 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. SPECIAL MEASURES: | | | |
|--|--------------------------|---------------------|--------------------------|
| Which special measure(s) would be likely to maximise so far as practicable the quality of the witness's evidence? Tick what you propose: | | | |
| Evidence by video link | <input type="checkbox"/> | Complete 3.A | |
| Screening witness from Respondent | <input type="checkbox"/> | | |
| Hearing in Private | <input type="checkbox"/> | Complete 3.B | |
| Regular Breaks | <input type="checkbox"/> | | |
| Other (Specify) | <input type="checkbox"/> | | |
| A. Evidence by video link | | | |
| Has the Tribunal made a direction previously for this witness to give evidence by video link? | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please confirm what has changed since the Directions Order was made. | | | |
| | | | |
| B. Hearing in Private | | | |
| 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 | <input type="checkbox"/> | Part of the Hearing | <input type="checkbox"/> |
| 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 12(4) Solicitors (Disciplinary Proceedings Rules) 2007) | | | |
| | | | |
| State whether you are seeking any interim directions. | | | |
| | | | |

4. SUPPORTING MATERIAL

Have you included any supporting material with this application?

Yes

No

If yes, list it here

5. APPLICANT'S DETAILS

Full Names (inc Title)

Address

Telephone

Email

DX

6. LEGAL REPRESENTATIVE'S DETAILS (if applicable):

Name

Name of Firm/Chambers

Address

DX

Tel No

Email

| 7. RESPONDENT(S) DETAILS: | | |
|-------------------------------------|---------------------|-------------------------------------|
| | <i>Respondent 1</i> | <i>Respondent 2 (if applicable)</i> |
| Full Names (including title) | | |
| Address | | |
| Telephone | | |
| Email | | |
| DX | | |

| 8. LEGAL REPRESENTATIVE'S DETAILS (if applicable): | |
|---|--|
| Name | |
| Name of Firm/Chambers | |
| Address | |
| DX | |
| Tel No | |
| Email | |

| 9. STATEMENT OF TRUTH | |
|---|--|
| *[I believe] [The applicant/respondent believes] that the facts stated in this application are true. | |
| OR | |
| *I am duly authorised by the applicant/respondent to sign this statement | |
| Signed | |
| Print Full Name | |
| Date | |
| Name of Solicitors Firm | |
| Position or office held (if signing on behalf of firm or company) | |