

N244

Application notice

For help in completing this form please read the notes for guidance form N244Notes.

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Name of court High Court of Justice (KBD)		Claim no.	
Fee account no. (if applicable)		Help with Fees – Ref. no. (if applicable)	
PBA0087211		H W F - -	
Warrant no. (if applicable)			
Claimant's name (including ref.) (1) Wm Morrison Supermarkets Limited (2) Safeway Stores Limited (3) Wm Morrison Produce Limited			
Defendant's name (including ref.) (1) Persons Unknown as more particularly described in the Schedule 1 attached to the Claim Form (2) Persons Unknown as further particularly described in the Schedule 1 attached to the Claim Form			
Date		15 January 2025	

1. What is your name or, if you are a legal representative, the name of your firm?

Eversheds Sutherland (International) LLP

2. Are you a ☐ Claimant ☐ Defendant ☒ Legal Representative

☐ Other (please specify)

If you are a legal representative whom do you represent?

Claimants

3. What order are you asking the court to make and why?

(1) An injunction to restrain the Defendants (respectively) from: (a) trespassing upon the RDCs (as defined in the Claimants' Claim Form); and (b) with or without vehicles, including tractors or other agricultural vehicles and equipment, creating or causing blockades, obstructions of traffic and/or otherwise impeding, preventing or interfering with the passage by the Claimants, their agents, servants, employees, licensees, invitees to, from, over and across the sections of public and/or private access roads to and from the RDCs (as defined in the Claimants' Claim Form and delineated on the plans to the Claim Form); and

(2) An order for service of the Claim Form, the Particulars of Claim, the Application Notice, evidence in support and the Order / Injunction and any further documents in these proceedings by alternative means pursuant to CPR 6.15, CPR 6.27, CPR 81.4(2)(c) and (d).

4. Have you attached a draft of the order you are applying for?

☒ Yes

☐ No

5. How do you want to have this application dealt with?

☒ at a hearing

☐ without a hearing

☐ at a remote hearing

6. How long do you think the hearing will last?

Hours

Minutes

Is this time estimate agreed by all parties?

☐ Yes☐ No

7. Give details of any fixed trial date or period

N/A

8. What level of Judge does your hearing need?

High Court Judge

9. Who should be served with this application?

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

10. What information will you be relying on, in support of your application?

- ☒ the attached witness statement
- ☐ the statement of case
- ☐ the evidence set out in the box below

If necessary, please continue on a separate sheet.

11. Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

☐ Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

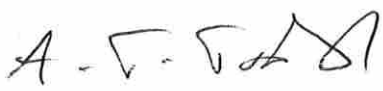
☒ No

Statement of Truth

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

- ☐ **I believe** that the facts stated in section 10 (and any continuation sheets) are true.
- ☒ **The applicant believes** that the facts stated in section 10 (and any continuation sheets) are true. **I am authorised** by the applicant to sign this statement.

Signature



- ☐ Applicant
- ☐ Litigation friend (where applicant is a child or a Protected Party)
- ☒ Applicant's legal representative (as defined by CPR 2.3(1))

Date

Day

15

Month

01

Year

2025

Full name

Andrew James Todd

Name of applicant's legal representative's firm

Eversheds Sutherland (International) LLP

If signing on behalf of firm or company give position or office held

Partner

Applicant's address to which documents should be sent.

Building and street

Bridgewater Place, Water Lane

Second line of address

Town or city

Leeds

County (optional)

Postcode

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If applicable

Phone number

020 7919 4500

Fax phone number

DX number

DX 12027 Leeds - 27

Your Ref.

TODDA/306592

Email

andrewtodd@eversheds-sutherland.com