EX244	King's Bench Division Administrative Court
Application notice	Claim number
(Pursuant to the Extradition Act 2003)	Warrant number
Application notices must comply with Part 50 of Criminal Procedure Rules 2020 and Part 12 of the Criminal Practice Directions 2023 and must be served on all parties	Name of applicant/appellant (including any reference)
	Name of respondent (including any reference)
	Date  Day Month Year
<ol> <li>This application notice is filed on behalf of Name</li> </ol>	
Who, in the appeal, is the applicant/appellant respondent other (please specify)	
2. Are you (the person completing this form) the applicant legal representative other (please specify)	

Name of court

r	What order are you asking the court to make and why?
L	
	Have you attached a draft of the order you are applying for?
[	Yes
1	
	No
	Is the application urgent?
	Yes. A decision is required within 7 days.
	□ No
	If Voc. places state the warrants for a warrants
[	If Yes, please state the reason(s) for urgency
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О.	now do you want to have this application dealt with:
	at a hearing
	without a hearing
<b>7.</b>	How long do you think the hearing will last?
	Hours Minutes
8.	Is this time estimate agreed by all parties?
	Yes
	□ No
9.	Give details of any fixed hearing date or period.

State the information relied on, in support of the 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.

## **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 question 10 (and any continuation sheets) are true.		
The applicant believes that the facts stated in question 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.		
Signature		
Applicant		
Litigation friend  Applicant's legal representative		
Date		
Day Month Year		
Full name		
Name of legal representative's firm (if applicable)		
If signing on behalf of firm or company give position or office held		

Applicant's address to which documents should be sent.
Building and street
Second line of address
Town or city
County (optional)
Postcode
If applicable
Phone number
DX number
Your Ref.
Email