N244

## **Application notice**

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

CHESTER MAGISTRAT	Name of court CHESTER MAGISTRATES			
<b>Fee account no.</b> (if applicable)	Help with Fees – Ref. no. (if applicable)			
BENEFITS ONLY	H W F			
<b>Warrant no.</b> (if applicable)				
Claimant's name (including ref.) TOM DOBBIE				
Defendant's name (including ref.) CHESTER MAGISTRATES OURT				
Date	4TH	JULY 2018		
the name of your firm?				
	(if applicable) BENEFITS ONLY Warrant no. (if applicable) Claimant's name (including retained to the control of	(if applicable)  BENEFITS ONLY  Warrant no. (if applicable)  Claimant's name (including ref.)  TOM DOBBIE  Defendant's name (including ref.)  CHESTER MAGISTRATES C  Date  4TH		

				TOM DOBE	ame (including re	er.)		
					name (including ref.) MAGISTRATES OURT			
				Date		4TH JI	JLY 2018	
1.	. What is your name or, if you are a legal representative, the name of your firm?							
	TOM DOBBIE	- LITIGANT IN PERSON						
2.	Are you a	✓ Claimant	Defendant		Legal Representative			
		Other (please specify)						
	If you are a lega	I representative whom do y	ou represe	nt?	SELF			
3.	What order are you asking the court to make and why?  1. TO START THE TRIAL AGAIN. REASONS - NOBODY IS REPLYING TO ANY COMMUNICATIONS, NO REQUESTS FOR EVIDENCE AND WITNESSES FROM POLICE HAVE BEEN REPLIED TO, NO PROTECTION FOR MAIN WITNESS HAS BEEN ACKNOWLEDGED OR ORGANISED.							
4.	Have you attach	ned a draft of the order you	are applyin	ng for?	Yes		✓ No	
5. How do you want to have this application dealt with?			<b>✓</b> at a hearing	ng	without a he	aring		
					at a telepl	hone he	earing	
6.	How long do yo	ou think the hearing will last	?		1 Hours	;	Minutes	
Is this time estimate agreed by all parties?				Yes		<b>√</b> No		
7.	Give details of a	ny fixed trial date or period						
8.	8. What level of Judge does your hearing need?				HIGH COURT			
9. Who should be served with this application?				CHESTER MAGISTRATES				
9a. Please give the service address, (other than details of tl claimant or defendant) of any party named in questior				Grosvenor S Chester CH1 2XA	Street			

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.						
1. I HAVE A LONG LIST OF EMAILS AND DOCUMENTS, WITH NOTHING ACKNOWLEDGED OR RESPONDED OR CONFIRMED. I HAVE TWO CONFIRMED VISITS TO CHESTER MAGISTRATES WITH NOBODY AVAILABLE TO SEE ME.						
THIS IMPOSSIBLE SITUATION SPIRALLED OUT OF CONTROL WHEN CHESHIRE POLICE ARRESTED ME A SECOND TIME FOR UPDATING THE ATTORNEY GENERAL, ABOUT BEING ARRESTED FOR EMAILING HIM. CHESHIRE POLICE ENSURED I WOULD SPEND 30 DAYS GAGGED ON REMAND BY THEM SENDING ME DELIBERATELY TO CREWE MAGISTRATES. CPS WERE DESPERATE NOT TO HAVE ME OUT OF REMAND AND PREPARING MY RESPONSES TO THE CHARGES. THEN, NOTHING BUT SILENCE TO ALL THE EMAILS - I CANNOT PHONE OUT AS I HAVE NO MONEY ON MY PHONE AND LIVE ON ~ £70/WEEK, AND I PREFER EVERYTHING TRACEABLE AND AN AUDIT TRAIL.						
Statement of Truth						
	(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.					
Signed tom dobbis	Dated 4TH JULY 2018					
Applicant('s legal representative)('s litigation	on friend)					
Full name THOMAS WILLIAM DOBBIE						
Name of applicant's legal representative's firm LITIGANT IN PERSON						
Position or office held SELF						
(if signing on behalf of firm or company)						
11. Signature and address details  Signed						
Applicant('s legal representative's)('s litigation friend)						
Position or office held <u>SELF</u> (if signing on behalf of firm or company)						
ui sianina on penair of firm or company)						
Applicant's address to which documents about this appli						
Applicant's address to which documents about this applicant DALE MEWS, GAWSWORTH ROAD GREAT SUTTON, ELLESMERE PORT	cation should be sent  If applicable  Phone no.					
Applicant's address to which documents about this applied 5 DALE MEWS, GAWSWORTH ROAD	If applicable					
Applicant's address to which documents about this applicant DALE MEWS, GAWSWORTH ROAD GREAT SUTTON, ELLESMERE PORT	If applicable Phone no.					
Applicant's address to which documents about this applicant DALE MEWS, GAWSWORTH ROAD GREAT SUTTON, ELLESMERE PORT	If applicable Phone no. Fax no.					

E-mail address ANIMA.TOM.DOBBIE@GMAIL.COM