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| FORM 8 (Rule 31) |
| **Clergy Discipline Measure 2003** |
| **Notice of Application to the Registrar of Tribunals** |
|  |
|  | *Box for use only by the Registrar of Tribunals* | *Complaint number:* |
|  |  |
|  | *Application by:* |
|  |  |
|  | *Date of application:* |
|  |
|  | **To the Registrar of Tribunals** |
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|  | **In the matter of the complaint** |
|  |  |
| *Enter the complainant’s name.* | made by……………………………………………………………………... |
|  |
| *Enter the respondent’s name.* | against……………………………………………………..………………… |
|  |
| *\*Delete if inapplicable.* | **I, \*[on behalf of] the respondent, wish to apply for an order that:** |
|  |
| *State the order or directions that you seek; you may attach a draft of the order or directions.* | ……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….………………………………………………………………………………. |
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|  | **for the following reasons:** |
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| *State your reasons for applying.* | ……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….……………………………………………………………………………….………………………………………………………………………………. |

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|  | I would prefer the application to be dealt with: |
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| **\*** |  | at a hearing, or |
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|  |  |  |
| *\*Tick* ***one*** *box only.* | **\*** |  | by telephone hearing, or |
|  |  |  |
|  |  |  |
| **\*** |  | in writing |
|  |  |
|  |
| ***You must send a copy to the Designated Officer.*** | **I am sending a copy of this application notice to the Designated Officer.** |
|  |
|  | My address including postcode is: |
| *Enter your own address and postcode.* | ……………………………………………………………………………….……………………………………………………………………………….………………………………………………………………………………. |
| *Enter your details here as applicable.* | My telephone no. is……...………………………………………………….. |
|  |
|  | My DX no. is………………………………………………………………... |
|  |
| *Providing an e-mail address is optional.* | My e-mail address is………………………………………………………... |
|  |
| *The application must be signed by the respondent or the representative of the respondent - state whether you are the respondent, or the representative of the respondent.* | **Signed:** |
|  |
| **Dated:** |
|  |
| **Capacity:** |