

## Form 10: Listing Questionnaire

---

[Rule 27.9(1)]

(Heading as in Form 1)

### Listing Questionnaire

WARNING: This is an important document. The information is required by the Court to list your case accurately. Inaccurate information may lead to a waste of court time and delays to other people's cases. Failure to return the form to the court office within 21 days or to complete it fully will lead to a listing hearing being fixed. You may have to pay the costs of this hearing.

- |     |  |        |
|-----|--|--------|
| 1.  | Have all the directions given by the court been carried out?   | YES/NO |
| 2.  | If not, which directions have not been carried out?  |        |
|     | Disclosure of documents  | YES/NO |
|     | Inspection of documents  | YES/NO |
|     | Service of witness statements  | YES/NO |
|     | Service of expert reports  | YES/NO |
|     | Other (state which)  | YES/NO |
| 3.  | Why have they not been carried out?  | YES/NO |
| 4.  | When can the direction be complied with?   | YES/NO |
| 5.  | Will any application for relief be made by you?  | YES/NO |
| 6.  | Has ADR* been tried?   | YES/NO |
| 7.  | If not, why not?   |        |
| 8.  | Is ADR likely to be tried?   | YES/NO |
| 6.  | Are you ready for trial?   | YES/NO |
| 7.  | If not, why not?   |        |
| 8.  | How many witnesses do you intend to call? .....  |        |
| 9.  | What is your present estimate for trial length ? ..... hours   |        |
| 10. | What dates within the stated trial period will cause difficulty to   |        |
|     | (a) the claimant/defendant   |        |
|     | (b) the claimant's/defendant's Legal practitioner  |        |
|     | (c) the claimant's/defendant's advocate -  |        |
|     | (d) any non-expert witness   |        |
|     | (e) any expert witness   |        |
| 11. | Please give names, addresses and telephone numbers of  |        |
|     | (a) any trial Legal practitioner you propose to instruct   |        |
|     | (b) any expert witness whom you are entitled to call to give oral evidence   |        |
| 12. | Please state the name of the legal practitioner (if any) who has conduct of this matter and give the legal practitioner's direct telephone number or Fax number. |        |

Dated.....

Signed.....

[Legal practitioner for the] Claimant/Defendant

**This form must be returned to the court office within 21 days.**

The court office is at [xxx xxx xxx] telephone number xxx-xxxx, FAX xxx.xxxx. The office is open between [.....am.] and [.....p.m.]..... to..... except public holidays.

\*ADR means alternative dispute resolution.