



Hearing Attendance Form: Applicant

This Application form is also available in Welsh. Please contact the Tribunal for a Welsh version of this form.

Section 1 – Information about the Applicant

You must inform the Tribunal who will be coming to the hearing.

Application Number	ALT:
Full Name	
Full Name:	
Address of Land	

Will you be coming to the hearing?

Yes

No

Language Preference

The Agricultural Land Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the Tribunal in Welsh or English.

Please inform the Tribunal of your language preference by answering the following questions:

Please indicate your language preference:	
Written correspondence?	Welsh / English (please delete as appropriate)
Verbal communication?	Welsh / English (please delete as appropriate)
Do you wish to speak Welsh in any legal proceedings that may result from this Application i.e. Tribunal hearing or pre-trial review?	Yes / No (please delete as appropriate)

Section 2 – Representative Details

If you are being represented at the hearing, please give details.

Full Name	
Address (including Postcode)	
Telephone Number	
Email Address	
Profession:	

Is the representative legally qualified: Yes No

Please tick if your representative wishes to speak Welsh or English

Section 3 – Witnesses

Please give the names of any witnesses you intend to bring to the hearing.

Any party who wishes to rely on the evidence of any witness **must** deliver a statement of that witness to the Tribunal and copies to every party at least 10 days before the date of the hearing.

The witness statement must state at the end 'I believe that the facts stated in this witness statement are true' and be signed by the witness.

Full Name	
Profession	
Full Name:	
Profession:	
Full Name:	
Profession:	
Full Name:	
Profession:	

Please tick if your witnesses wish to speak Welsh or English

Section 4 – Hearing Requirements

If you need us to arrange for an interpreter or signer, please tick this box

Please give more details below, including which language you need.

If you or anyone you are bringing to the hearing has a disability, or has any other needs that may affect our arrangement of the hearing, please let us know.

Name	
Special Requirements:	
Name:	
Special Requirements	

Section 5 – Result of your Application

If you would like the Tribunal to provide a translated decision or a copy in Braille, please set out your request in the box below.

Please note that if you ask for the decision to be in any format, other than Welsh or English, this is likely to delay issuing the decision.

Section 6 – Signatures

Please make sure that you return this form by the date we have asked you to return it.

If you need to contact us by telephone our number is: 0300 025 9809

Full Name	
Your Signature:	
Date	