

Hearing Attendance Form: Respondent

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

The tribunal will accept applications by email to AgriculturalLandTribunalWales@gov.wales or in hard copy by post.

If sending a hard copy, please send the completed application form together with the specified documents to:

Agricultural Land Tribunal Wales

Welsh Tribunals Unit

PO Box 100

Llandrindod Wells

Powys

LD1 9BW

If you have any queries you can contact the Tribunal by email or on 0300 025 9809.

We welcome calls in Welsh and English

The Agricultural Land Tribunal Wales welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

|  |  |
| --- | --- |
| 1. **1. Language Preference**
 |  |
| Would you prefer to correspond with us in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer any verbal communication to be in: | Welsh [ ] English [ ]  Both [ ]   |
| Would you prefer to speak Welsh or English at your Tribunal Hearing? | Welsh [ ] English [ ]  Both [ ]   |
| **2. Languages Spoken** |  |
| What languages do you use to communicate? (Please tick all that apply) | Welsh [ ] English [ ] Other (please state) [ ]  |
|  | Click or tap here to enter text. |
| 1. **3.** We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?
 | (Your answer will not affect the substance of your case in any way)  |
| Click or tap here to enter text. |  |

**Section 1 – Information about the Applicant**

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

|  |  |
| --- | --- |
| Application Number | ALT:Click or tap here to enter text. |
| Name of Respondent | Click or tap here to enter text. |
| Name of Respondent: | Click or tap here to enter text. |
| Address of Land | Click or tap here to enter text. |

Will you be coming to the hearing? Yes [ ]  No [ ]

# Section 2 – Representative Details

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

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Address (including Postcode) | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Profession: | Click or tap here to enter text. |

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 | Click or tap here to enter text. |
| Profession | Click or tap here to enter text. |
| Full Name: | Click or tap here to enter text. |
| Profession: | Click or tap here to enter text. |
| Full Name: | Click or tap here to enter text. |
| Profession: | Click or tap here to enter text. |
| Full Name: | Click or tap here to enter text. |
| Profession: | Click or tap here to enter text. |

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.

|  |
| --- |
| Click or tap here to enter text. |

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 | Click or tap here to enter text. |
| Special Requirements: | Click or tap here to enter text. |
| Name: | Click or tap here to enter text. |
| Special Requirements | Click or tap here to enter text. |

# 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.

|  |
| --- |
| Click or tap here to enter text. |

# Section 6 – Signatures

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

|  |  |
| --- | --- |
| Full Name | Click or tap here to enter text. |
| Your Signature: | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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