**Form 13: Witness direction**

**CERVICALCHECK TRIBUNAL**

**WITNESS DIRECTION**

**Claim record no.:**

**[1st]\* Claimant**

Full name: ……………………………………………………….. *\*(add “and others” where there is more than one claimant)*

**[1st]\* Respondent**

Full name: ………………………………………………………..*\*(add “and others” where there is more than one respondent)*

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To: …………………..of………………………………………………………………………..

**TAKE NOTICE THAT YOU ARE HEREBY DIRECTED** pursuant to section 22(1)(a) of the CervicalCheck Tribunal Act 2019 to attend before a Member of the CervicalCheck Tribunal sitting at ………………………on the …... day of ………20… at …… o’clock and so on from day to day until the above claim is determined, to give evidence \*and also to bring with you and produce at the time and place aforesaid:

[*Specify any documents sought, e.g. all notes, records and patient files of [name], etc*]

Dated: …………of………..….20…

Signed:……………………………..

Registrar

On behalf of the CervicalCheck Tribunal

\*delete where inapplicable

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