

Tribunal Reference Number
(for Tribunal use only)

ADVOCATES DISCIPLINARY TRIBUNAL

FORM 2

APPLICATION

Please complete electronically and print off or print off and complete in block capitals.

Name of Complainant:

Name of Advocate:

What application do you wish to make?

Please summarise the reasons for the application:

Please continue on a separate sheet of paper if necessary, numbering each page at the top right and also numbering each paragraph.

How many pages are you attaching?

If you wish to rely on any documents at the hearing of this application (not the main hearing), you should attach them too, in a file with the pages numbered at the bottom.

How many pages are you attaching?

Signed:

Date:

Please send the original signed copy and 7 (seven) copies thereof to:

**The Clerk to the Advocates Disciplinary Tribunal
Isle of Man Courts of Justice
Deemsters Walk
Bucks Road
Douglas
Isle of Man
IM1 3AR**

