

Application notice

For help in completing this form please read the notes for guidance form N244Notes.

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Name of court WANDSWORTH COUNTY	Claim no. LOPP2128
Fee account no. (if applicable)	Help with Fees – Ref. no. (if applicable)
	H W F – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
Warrant no. (if applicable)	
Claimant's name (including ref.) HSBC UK BANK	
Defendant's name (including ref.) LORENZ HERHOFER	
Date	

1. What is your name or, if you are a legal representative, the name of your firm?

LORENZ HERHOFER

2. Are you a ☐ Claimant ☒ Defendant ☐ Legal Representative

☐ Other (please specify)

If you are a legal representative whom do you represent?

NO

3. What order are you asking the court to make and why?

I ASK STRIKE OFF MENTAL DISORDER FRAUD, FORGED FALSIFIED DATA AND INFORMATION OVER MY INTELLECTUAL PROEPRTY RIGHTS MAGNA CARTA CASE HSN/HSB-00000068/2025, PLEASE NHS READ THE CLAIM £100,000 WRONG DIAGNOSE AND STRIKE OFF MENTAL DISORDER, EVIDENCES OUT OF THE BOX

4. Have you attached a draft of the order you are applying for? ☐ Yes ☒ No

5. How do you want to have this application dealt with? ☒ at a hearing ☐ without a hearing

☐ at a remote hearing

6. How long do you think the hearing will last? 0 Hours 15 Minutes

Is this time estimate agreed by all parties?

☐ Yes ☒ No

7. Give details of any fixed trial date or period

NONE

8. What level of Judge does your hearing need?

DISTRICT CRIMINAL JUDGE

9. Who should be served with this application?

NHS

9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.

Wellington House, 133-155 Waterloo Rd,
London SE1 8UG

10. What information will you be relying on, in support of your application?

- ☐ the attached witness statement
- ☐ the statement of case
- ☒ the evidence set out in the box below

If necessary, please continue on a separate sheet.
accompanying letter HSN/HSB-00000068/2025 and all attached evidences i am in excellent conditions,
evicent mentally healthy cleared in westmionster magistrates court,

claim £100,000

i refuse any doctor help at wrong diagnosed mental disorder

11. Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

☐ Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

☒ No

Statement of Truth

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

- ☒ **I believe** that the facts stated in section 10 (and any continuation sheets) are true.
- ☐ **The applicant believes** that the facts stated in section 10 (and any continuation sheets) are true. **I am authorised** by the applicant to sign this statement.

Signature

- ☒ Applicant
- ☐ Litigation friend (where applicant is a child or a Protected Party)
- ☐ Applicant's legal representative (as defined by CPR 2.3(1))

Date

Day

28

Month

02

Year

2025

Full name

LORENZ HERHOFER

Name of applicant's legal representative's firm

If signing on behalf of firm or company give position or office held

Applicant's address to which documents should be sent.

Building and street

34 ROCKLEY COURT

Second line of address

Town or city

LONDON

County (optional)

Postcode

W	1	4		0	D	B
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If applicable

Phone number

07913234343

Fax phone number

DX number

Your Ref.

Email

LHERHOFER@HERHOFER.COM