

**Arrangements for the Standards Committee Hearing**

Please tick the relevant boxes.

<p><b>1</b></p>	<p>The proposed date for the Standards Committee hearing is given in the accompanying letter. Are you planning to go to the hearing?</p> <p>If "No", please explain why.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reason:</p>
<p><b>2</b></p>	<p>Are you going to present your own case?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p><b>3</b></p>	<p>If you are not presenting your own case, will a representative present it for you?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Name:</p>
<p><b>4</b></p>	<p>Is your representative a practising solicitor or barrister?</p> <p>If "Yes", please give his or her legal qualifications. Then go to question 6.</p> <p>If "No", please go to question 5.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Qualifications:</p>
<p><b>5</b></p>	<p>Does your representative have any connection with the case?</p> <p>If "Yes", please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p>

NAME

SIGNATURE

DATE

<p><b>6</b></p>	<p>Are you going to call any witnesses? If "Yes", please fill in Form D.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
<p><b>7</b></p>	<p>Do you, your representative or your witnesses have any access difficulties (for example, is wheelchair access needed)? If "Yes", please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p>
<p><b>8</b></p>	<p>Do you, your representative or witnesses have any special needs (for example, is an interpreter needed)? If "Yes", please give details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Details:</p>
<p><b>9</b></p>	<p>Do you want any part of the hearing to be held in private? If "Yes", please give reasons.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reasons:</p>
<p><b>10</b></p>	<p>Do you want any part of the relevant documents to be withheld from public inspection? If "Yes", please give reasons.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Reasons:</p>

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