

G Other information

In the space below, set out any other information you consider will help the judge to manage or clarify the claim, including any other information you consider should be supplied by the other party.

IT WOULD HELP IF THE JUDGE UNDERSTANDS THAT I SUFFER FROM USHER SYNDROME TYPE 2. THIS MEANS THAT I AM A REGISTERED BLIND PERSON AND I AM DEPENDENT ON TWO POWERFUL HEARING AIDS. IT WOULD GREATLY HELP ME IF I WERE PERMITTED TO HAVE ONE OF MY READERS PRESENT IN COURT. I THUS REQUEST THIS. I THINK IT WOULD BE SENSIBLE TO ALLOCATE THIS CASE TO DISTRICT JUDGE MERRICK AS HE IS SENSITIVE TO HEARING PROBLEMS AND WAS THE LEADING JUDGE IN MY DDA ACTION AGAINST B&H CC. I WOULD LIKE DETAILS OF THE ALLEGED I-R SYSTEM AND INSTRUCTIONS TO OMAC STAFF.

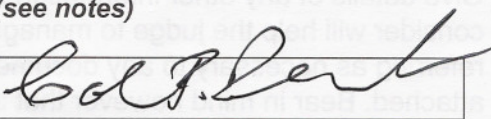
H Fee

Have you attached the fee for filing this allocation questionnaire?

Yes No

I Signature (see notes)

Signed



Date

13/02/2007

Print full name

COLIN BRUCE BENNETT

If a solicitor is acting for you please enter the firm's name, reference number and full postal address including (if appropriate) details of fax number, e-mail address, Document Exchange (DX) number. Otherwise, please enter your details as appropriate. This will assist the court in contacting you, if necessary at short notice.

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