

Judicial Review Claim Form

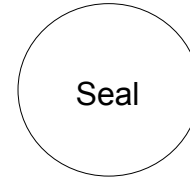
Notes for guidance are available which explain how to complete the judicial review claim form. Please read them carefully before you complete the form.

For Court use only	
Administrative Court Reference No.	
Date filed	

In the High Court of Justice
Administrative Court

Help with Fees -
Ref no. (if applicable)

H	W	F	-			-			
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SECTION 1 Details of the claimant(s) and defendant(s)

Claimant(s) name and address(es)

name	
address	
Telephone no.	Fax no.
E-mail address	

Claimant's or claimant's solicitors' address to which documents should be sent.

name	
address	
Telephone no.	Fax no.
E-mail address	

Claimant's Counsel's details

name	
address	
Telephone no.	Fax no.
E-mail address	

1st Defendant

name	
Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.	
name	
address	
Telephone no.	Fax no.
E-mail address	

2nd Defendant

name	
Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.	
name	
address	
Telephone no.	Fax no.
E-mail address	

SECTION 2 Details of other interested parties

Include name and address and, if appropriate, details of DX, telephone or fax numbers and e-mail

name		name	
address		address	
Telephone no.	Fax no.	Telephone no.	Fax no.
E-mail address		E-mail address	

SECTION 3 Details of the decision to be judicially reviewed

Decision:

Date of decision:

Name and address of the court, tribunal, person or body who made the decision to be reviewed.

name	address

SECTION 4 Permission to proceed with a claim for judicial review

I am seeking permission to proceed with my claim for Judicial Review.

Is this application being made under the terms of Section 18 Practice Direction 54 (Challenging removal)?

☐ Yes ☐ No

Are you making any other applications? If Yes, complete Section 8.

☐ Yes ☐ No

Is the claimant in receipt of a Community Legal Service Fund (CLSF) certificate?

☐ Yes ☐ No

Are you claiming exceptional urgency, or do you need this application determined within a certain time scale? If Yes, complete Form N463 and file this with your application.

☐ Yes ☐ No

Have you complied with the pre-action protocol? If No, give reasons for non-compliance in the box below.

☐ Yes ☐ No

Have you issued this claim in the region with which you have the closest connection? (Give any additional reasons for wanting it to be dealt with in this region in the box below). If No, give reasons in the box below.

☐ Yes ☐ No

Does the claim include any issues arising from the Human Rights Act 1998?

If Yes, state the articles which you contend have been breached in the box below.

☐ Yes

☐ No

SECTION 5 Detailed statement of grounds

☐ set out below

☐ attached

SECTION 6 Aarhus Convention claim

I contend that this claim is an Aarhus Convention claim

☐ Yes

☐ No

If Yes, indicate in the following box if you do not wish the costs limits under CPR 45.43 to apply.

If you have indicated that the claim is an Aarhus claim set out the grounds below

SECTION 7 Details of remedy (including any interim remedy) being sought

SECTION 8 Other applications

I wish to make an application for:-

SECTION 9 Statement of facts relied on

Statement of Truth

I believe (The claimant believes) that the facts stated in this claim form are true.

Full name_____

Name of claimant’s solicitor’s firm _____

Signed_____Position or office held_____

Claimant ('s solicitor) (if signing on behalf of firm or company)

SECTION 10 Supporting documents

If you do not have a document that you intend to use to support your claim, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box below.

Please tick the papers you are filing with this claim form and any you will be filing later.

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Statement of grounds | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Statement of the facts relied on | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application to extend the time limit for filing the claim form | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application for directions | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Any written evidence in support of the claim or application to extend time | | |
| <input type="checkbox"/> Where the claim for judicial review relates to a decision of a court or tribunal, an approved copy of the reasons for reaching that decision | | |
| <input type="checkbox"/> Copies of any documents on which the claimant proposes to rely | | |
| <input type="checkbox"/> A copy of the legal aid or CSLF certificate <i>(if legally represented)</i> | | |
| <input type="checkbox"/> Copies of any relevant statutory material | | |
| <input type="checkbox"/> A list of essential documents for advance reading by the court <i>(with page references to the passages relied upon)</i> | | |

If Section 18 Practice Direction 54 applies, please tick the relevant box(es) below to indicate which papers you are filing with this claim form:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> a copy of the removal directions and the decision to which the application relates | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> a copy of the documents served with the removal directions including any documents which contains the Immigration and Nationality Directorate's factual summary of the case | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> a detailed statement of the grounds | <input type="checkbox"/> included | <input type="checkbox"/> attached |

Reasons why you have not supplied a document and date when you expect it to be available:-

Signed _____ Claimant ('s Solicitor)_____