



EUROPEAN COURT OF HUMAN RIGHTS
COUR EUROPÉENNE DES DROITS DE L'HOMME

ENG - 2018/1
Application Form

About this application form

This form is a formal legal document and may affect your rights and obligations. Please follow the instructions given in the “Notes for filling in the application form”. Make sure you fill in all the fields applicable to your situation and provide all relevant documents.

Warning: If your application is incomplete, it will not be accepted (see Rule 47 of the Rules of Court). Please note in particular that Rule 47 § 2 (a) requires that a concise statement of facts, complaints and information about compliance with the admissibility criteria **MUST** be on the relevant parts of the application form itself. The completed form should enable the Court to determine the nature and scope of the application without recourse to any other submissions.

Barcode label

If you have already received a sheet of barcode labels from the European Court of Human Rights, please place one barcode label in the box below.

Reference number

If you already have a reference number from the Court in relation to these complaints, please indicate it in the box below.

A. The applicant

A.1. Individual

This section refers to applicants who are individual persons only. If the applicant is an organisation, please go to section A.2.

1. Surname

ttttt

2. First name(s)

gggggg

3. Date of birth

D	D	M	M	Y	Y	Y	Y

e.g. 31/12/1960

4. Place of birth

Afghanistan (■■■■■■■■■■■■■■■■■■■■)

5. Nationality

Afghanistan (■■■■■■■■■■■■■■■■■■■■)

6. Address

7. Telephone (including international dialling code)

8. Email (if any)

9. Sex ☐ male ☐ female

A.2. Organisation

This section should only be filled in where the applicant is a company, NGO, association or other legal entity. In this case, please also fill in section D.1.

10. Name

11. Identification number (if any)

12. Date of registration or incorporation (if any)

D	D	M	M	Y	Y	Y	Y

e.g. 27/09/2012

13. Activity

14. Registered address

15. Telephone (including international dialling code)

16. Email

B. State(s) against which the application is directed

17. Tick the name(s) of the State(s) against which the application is directed.

- | | |
|---|--|
| <input type="checkbox"/> ALB - Albania | <input type="checkbox"/> ITA - Italy |
| <input type="checkbox"/> AND - Andorra | <input type="checkbox"/> LIE - Liechtenstein |
| <input type="checkbox"/> ARM - Armenia | <input type="checkbox"/> LTU - Lithuania |
| <input type="checkbox"/> AUT - Austria | <input type="checkbox"/> LUX - Luxembourg |
| <input type="checkbox"/> AZE - Azerbaijan | <input type="checkbox"/> LVA - Latvia |
| <input type="checkbox"/> BEL - Belgium | <input type="checkbox"/> MCO - Monaco |
| <input type="checkbox"/> BGR - Bulgaria | <input type="checkbox"/> MDA - Republic of Moldova |
| <input type="checkbox"/> BIH - Bosnia and Herzegovina | <input type="checkbox"/> MKD - North Macedonia |
| <input type="checkbox"/> CHE - Switzerland | <input type="checkbox"/> MLT - Malta |
| <input type="checkbox"/> CYP - Cyprus | <input type="checkbox"/> MNE - Montenegro |
| <input type="checkbox"/> CZE - Czech Republic | <input type="checkbox"/> NLD - Netherlands |
| <input type="checkbox"/> DEU - Germany | <input type="checkbox"/> NOR - Norway |
| <input type="checkbox"/> DNK - Denmark | <input type="checkbox"/> POL - Poland |
| <input type="checkbox"/> ESP - Spain | <input type="checkbox"/> PRT - Portugal |
| <input type="checkbox"/> EST - Estonia | <input type="checkbox"/> ROU - Romania |
| <input type="checkbox"/> FIN - Finland | <input type="checkbox"/> RUS - Russian Federation |
| <input type="checkbox"/> FRA - France | <input type="checkbox"/> SMR - San Marino |
| <input type="checkbox"/> GBR - United Kingdom | <input type="checkbox"/> SRB - Serbia |
| <input type="checkbox"/> GEO - Georgia | <input type="checkbox"/> SVK - Slovak Republic |
| <input type="checkbox"/> GRC - Greece | <input type="checkbox"/> SVN - Slovenia |
| <input type="checkbox"/> HRV - Croatia | <input type="checkbox"/> SWE - Sweden |
| <input type="checkbox"/> HUN - Hungary | <input type="checkbox"/> TUR - Turkey |
| <input type="checkbox"/> IRL - Ireland | <input type="checkbox"/> UKR - Ukraine |
| <input type="checkbox"/> ISL - Iceland | |

An individual applicant does not have to be represented by a lawyer at this stage. If the applicant is not represented please go to section E.

C.1. Non-lawyer

19. Surname

20. First name(s)

21. Nationality

22. Address

23. Telephone (including international dialling code)

24. Fax

25. Email

26. Surname

27. First name(s)

28. Nationality

Afghanistan (■■■■■■■■■■)

29. Address

30. Telephone (including international dialling code)

31. Fax

32. Email

The applicant must authorise any representative to act on his or her behalf by signing the first box below; the designated representative must indicate his or her acceptance by signing the second box below.

I hereby authorise the person indicated above to represent me in the proceedings before the European Court of Human Rights concerning my application lodged under Article 34 of the Convention.

33. Signature of applicant

34. Date

D	D	M	M	Y	Y	Y	Y

e.g. 27/09/2015

I hereby agree to represent the applicant in the proceedings before the European Court of Human Rights concerning the application lodged under Article 34 of the Convention.

35. Signature of representative

36. Date

D	D	M	M	Y	Y	Y	Y

e.g. 27/09/2015

37. Email address for eComms account (if the representative already uses eComms, please provide the existing eComms account email address)

By completing this field you agree to using the eComms system.

D. Representative(s) of the applicant organisation

Where the applicant is an organisation, it must be represented before the Court by a person entitled to act on its behalf and in its name (e.g. a duly authorised director or official). The details of the representative must be set out in section D.1.
If the representative instructs a lawyer to plead on behalf of the organisation, both D.2 and D.3 must be completed.

D.1. Organisation official

38. Capacity/relationship/function (please provide proof)

39. Surname

40. First name(s)

41. Nationality

42. Address

43. Telephone (including international dialling code)

44. Fax

45. Email

D.2. Lawyer

46. Surname

47. First name(s)

48. Nationality

49. Address

50. Telephone (including international dialling code)

51. Fax

52. Email

D.3. Authority

The representative of the applicant organisation must authorise any lawyer to act on its behalf by signing the first box below; the lawyer must indicate his or her acceptance by signing the second box below.

I hereby authorise the person indicated in section D.2 above to represent the organisation in the proceedings before the European Court of Human Rights concerning the application lodged under Article 34 of the Convention.

53. Signature of organisation official

54. Date

D	D	M	M	Y	Y	Y	Y

e.g. 27/09/2015

I hereby agree to represent the organisation in the proceedings before the European Court of Human Rights concerning the application lodged under Article 34 of the Convention.

55. Signature of lawyer

56. Date

D	D	M	M	Y	Y	Y	Y

e.g. 27/09/2015

Electronic communication between the representative and the Court

57. Email address for eComms account (if the representative already uses eComms, please provide the existing eComms account email address)

By completing this field you agree to using the eComms system.

All the information concerning the facts, complaints and compliance with the requirements of exhaustion of domestic remedies and the six-month time-limit laid down in Article 35 § 1 of the Convention must be set out in this part of the application form (sections E, F and G). It is not acceptable to leave these sections blank or simply to refer to attached sheets. See Rule 47 § 2 and the Practice Direction on the Institution of proceedings as well as the “Notes for filling in the application form”.

58.

Any other comments

Do you have any other comments about your application?

71. Comments

Declaration and signature

I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.

72. Date

e.g. 27/09/2015

D D M M Y Y Y Y

The applicant(s) or the applicant’s representative(s) must sign in the box below.

73. Signature(s) ☐ Applicant(s) ☐ Representative(s) - tick as appropriate

Confirmation of correspondent

If there is more than one applicant or more than one representative, please give the name and address of the one person with whom the Court will correspond. Where the applicant is represented, the Court will correspond only with the representative (lawyer or non-lawyer).

74. Name and address of ☐ Applicant ☐ Representative - tick as appropriate

The completed application form should be signed and sent by post to:

The Registrar
European Court of Human Rights
Council of Europe
67075 STRASBOURG CEDEX
FRANCE

