| 2 |
|---|
|   |

## **UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER**

## Э

| Judicial     | Revie   | <b>W</b> |
|--------------|---------|----------|
| Acknowledgen | nent of | Service  |

## Please

Use black ink and complete the form in CAPITAL LETTERS. Use another sheet of paper if there is not enough space for you to say everything. (Please put your full name at the top of the sheet.)

| Upper Tribunal<br>Reference No. |  |
|---------------------------------|--|
| Applicant(s) (including ref.)   |  |
| Respondent(s)                   |  |
| Interested<br>Parties           |  |

## **SECTION 1**

Please tick the appropriate box

- 1. I intend to oppose all of the application for permission.
- 2. I intend to oppose part of the application for permission.
- 3. I do not intend to oppose the application for permission.
- 4. The respondent (interested party) is a tribunal and intends to make a submission.
- 5. The respondent (interested party) is a tribunal and does not intend to make a submission.

| 1 | Complete sections | 2, | 3, | 4 |
|---|-------------------|----|----|---|
| J | and 5             |    |    |   |

Complete sections 2, 3, 4 and 5

Complete section 5

Complete sections 2, 3 and 5

Complete sections 2 and 5

Note: If the application seeks to judicially review the decision of a tribunal, the tribunal need only provide the Upper Tribunal with as much evidence as it can about the decision to help the Upper Tribunal to perform its judicial function.

| SECT | ION | <b>  2.</b> |
|------|-----|-------------|
|------|-----|-------------|

Name

E-mail address

| msen me name and | address of any per | Son you consider | silibula de added | as an interested party |
|------------------|--------------------|------------------|-------------------|------------------------|
|                  |                    |                  |                   |                        |
|                  |                    |                  |                   |                        |

Address

Telephone Fax No. No.

Name

| Address           |  |                                 |   |
|-------------------|--|---------------------------------|---|
| Telephone<br>No.  |  | Fax No.                         |   |
| E-mail<br>address |  |                                 |   |
| only part of the  | Summary of grounds for<br>le application set out which<br>a submission, please indic | h part before you give your gro | or permission. If you are opposing bunds for opposing. If you are a |
|                   |  |                                 |   |

| SECT the in | TON 4.Give details of any d<br>adicate that a separate appl | irections y<br>ication not | ou will be askir<br>tice is attached | ng the Upper Trib | unal to make, o | or tick |
|-------------|---|----------------------------|--------------------------------------|-------------------|-----------------|---------|
|             | Set out below   |                            | tached                               |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |
|             |   |                            |                                      |                   |                 |         |

| SECTION 5.   |   |
|--|---|
| *Delete as<br>appropriate                                | *(I believe) (the respondent/interested party believes) that the facts stated in this form are true. *I am duly authorised by the respondent/interested party to sign this statement. |
| Signed<br>(to be signed by<br>or your<br>representative) | firm or company or  |
| Date   |   |
| Give an addre  | ess to which notices about this case can be sent.   |
| Name   |   |
| Address  |   |
| T  |   |
| Telephone<br>No.   | Fax No.   |
| E-mail address   |   |
| AFTER YOU  | HAVE COMPLETED THIS FORM- please send it to   |
| 5 <sup>th</sup> Flo<br>81 Cha<br>Londo<br>WC2A           |   |
|  | Tribunal hearing was in <b>Wales</b> , or you live in <b>Wales</b> , you may <b>either</b> send the form to the ess <b>or</b> send it to:   |
| Cardiff<br>2 Park<br>Cardiff<br>CF10 1                   |   |
|  | dgment of Service must be received by the Upper Tribunal <b>no later than 21 days</b> on which the office sent you a copy of the judicial review application form.                    |
|  | I let you know when they have received this form. Contact the Upper Tribunal office if you ithin a week that the form had been received.  |