

UPPER TRIBUNAL ADMINISTRATIVE APPEALS CHAMBER

| For Upper Tribunal use only | | | | |
|-----------------------------|---------------------------------|--|--|--|
| | Upper Tribunal Reference No. | | | |
| | Date received | | | |

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.

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.)

| SECTION 1 Details of the applicant(s) and representative (if any) | | | | | |
|---|---------------------------|---------------|------------|--|---|
| Applicant's | (s) name and address | | | | _ |
| Name | | | | | |
| Address | | | | | |
| Telephone No. | | | Fax No. | | 1 |
| E-mail address | | | | | |
| Are you rep | esented? | | | | |
| If so please g | ive your representative's | details below | <i>I</i> . | | |
| Name | | | | | |
| Address | | | | | |
| Telephone No. | | | Fax No. | | |
| E-mail address | | | | | |
| | | | | | |

| SECTION 2 Details of the respondent(s) | | | | | |
|---|----------------------------|---------------|---------------------|-------------------|----------------|
| 1 st Respondent's name and address | | | | | |
| Name | | | | | |
| Respondent's or (where known) respondent's representative's address to which documents show sent. | | | | ents should be | |
| Name | | | | | |
| Address | | | | | |
| Telephone No. | | | Fax No. | | |
| E-mail address | | | | | |
| 2 nd Respond | lent's name and address | _ | | | |
| Name | | | | | |
| Respondent's sent. | s or (where known) respond | dent's repres | sentative's address | s to which docume | ents should be |
| Name | | | | | |
| Address | | | | | |
| Telephone No. | | | Fax No. | | |
| E-mail address | | | | | |
| | | | | | |

| SECTION 3 Details of other interested parties | | | | | | |
|---|---|--|--|--|--|--|
| Include name and address and, if appropriate, details of DX, telephone or fax numbers and e-mail. | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| Telephone No. | Fax No. | | | | | |
| E-mail address | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| Telephone No. | Fax No. | | | | | |
| E-mail address | | | | | | |
| SECTION 4 | Details of the decision to be judicially reviewed | | | | | |
| Decision | | | | | | |
| Date of Decision and ref number | | | | | | |
| Name of the tribunal, person or body who made the decision to be reviewed. | | | | | | |
| Name | | | | | | |

| SECTION 5 Detailed statement of grounds and facts relied on | | | | |
|--|--|--|--|--|
| Set out below attached | | | | |
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| SECTION 6 Details of outcome (including any interim remedy) being sought | | | | |
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| SECTION 7 Other applications | | | | | | |
|--|---|----------------------|---|-------|--|--|
| Ιv | I wish to make an application for the following (please tick appropriate box) | | | | | |
| to | extend the time for filing the claim form | | | | | |
| fo | r urgent consideration of the judicial review claim | | | | | |
| fo | r directions | | | | | |
| fo | r interim relief | | | | | |
| PI | ease give reasons | | | | | |
| | | | | | | |
| SECTION | 8 Supporting documents | | | | | |
| You must send with your application a copy of the written record of the decision you seek to challenge and any documents on which you seek to rely. If you do not have a document that you intend to use to support your application, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box on the next page | | | | | | |
| Please tick | the papers you are filing with this form and those you | u wish to file later | • | | | |
| | Application to extend the time limit for filing the claim form | included | | later | | |
| | Application for directions | included | | later | | |
| | A copy of any written record of the decision being challenged | included | | later | | |
| | Copies of any other documents on which the applicant proposes to rely | included | | later | | |
| | A copy of the legal aid or CSLF certificate (if legally represented) | included | | later | | |
| | | | | | | |

| Reasons why you have not supplied a document and date when you expect it to be available | | | | | |
|--|---|---------------------|--------------------|--------------------|--|
| Treasons why you have not supplied a document and date when you expect it to be available | | | | | |
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| <u> </u> | | | | | |
| SECTION O | Statement of Truth and plaim for its | diaial raviou | | | |
| SECTION 9 | Statement of Truth and claim for jud | | | | |
| | | | | | |
| I believe th | at the facts stated in this claim form | are true. | | | |
| | nission to proceed with my application is granted, I make the claim for ju | | eview and, | | |
| | my representative named in Section1 a unal. (Delete if you have no representative | _ | • | _ | |
| | | | | | |
| Signed by | | Date | | | |
| applicant | | | | | |
| | | | | | |
| | | | | | |
| AFTER YOU | U HAVE COMPLETED THIS FORM plo | ease send it to:- | | | |
| The | Upper Tribunal (Administrative Appeals | s Chamber), | | | |
| | loor, Chichester Rents Chancery Lane | | | | |
| Lond | • | | | | |
| | (for urgent cases) 020 7911 7093 | | | | |
| If the First-tier Tribunal hearing was in Wales , or you live in Wales , you may either send the form to the London address or send it to: | | | | | |
| The l | Upper Tribunal (Wales), | | | | |
| Card | liff Civil Justice Centre | | | | |
| 2 Pa Card | ark Street liff | | | | |
| | 0 1ET. | | | | |
| | 029 2037 6488. | | | | |
| The Office v | will let you know when they have receiv | ed this form. Conta | act the Upper Trib | unal office if vou | |
| | within a week that the form had been re | | | | |