
EXHIBIT SECTION A

PARTICIPATION FAILURE EMAIL EVIDENCE

Subject: Re: Draft Court order and submissions
Date: Thursday, May 2, 2024 at 1:50:09 PM British Summer Time
From: Nadia <nadia@rosekross.com>
To: Selby-King, Karen <karen.selby-king@justice.gov.uk>
CC: Alexis Campbell KC <ACampbellKC@29br.co.uk>, Nicholas Allen KC MCIArb <nallenkc@29br.co.uk>
Attachments: image001.png

Dear Karen,

Thank you for your reply.

I am really struggling with this process, and I feel extremely vulnerable and powerless.

I cannot continue like this. This is too much for me. I want to inform everyone involved that I cannot do this anymore without help. It's too much. I need help.

Sincerely,
Nadia

Veritas Numquam Perit

UK: +44 79 1332 8615

US: +1 424 426 9226

From: "Selby-King, Karen" <Karen.Selby-King@justice.gov.uk>

Date: Thursday, May 2, 2024 at 1:46 PM

To: Nadia <[nadie@rosekross.com](mailto:nadia@rosekross.com)>

Cc: Alexis Campbell KC <ACampbellKC@29br.co.uk>, Nicholas Allen KC MCIArb <nallenkc@29br.co.uk>

Subject: RE: Draft Court order and submissions

Dear Ms Zahmoul,

Both your emails from this morning have been forwarded to the judge.

His Lordship has not yet given me a reply to send out. As soon as he does I will email parties.

Kind regards

Karen

Subject: BV20D01752

Date: Thursday, May 2, 2024 at 4:28:28 PM British Summer Time

From: Nadia <nadia@rosekross.com>

To: Alexis Campbell KC <ACampbellKC@29br.co.uk>, Nicholas Allen KC MCI Arb <nallenkc@29br.co.uk>

CC: Selby-King, Karen <karen.selby-king@justice.gov.uk>

Dear all,

I have contacted the Civil Legal Advice, FLOWS, EHRC, and Mind Legal. Unfortunately, the abuse has gone too far and the consequences are impeding my ability to cope by myself..

I am extremely distressed, I cannot cope anymore, I am being silenced and my rights have been stripped away from me with no explanation. I am being burnt alive on the stake with no trial.

The CLA is sending someone to be with me, they tried to help me with the case, and they provided names of solicitors who can assist with family proceedings, but they are concerned about my mental health and my safety. I cannot do this alone. I cannot do this without my rights. I have a right to protect myself and my children.

You are aware that my PTSD is triggered in situations where I am abused, cornered, powerless, silenced, unheard, and where my rights are not upheld.

I have a right to participate in the judicial process, I have a right to understand what the draft order is, and I have the right to have someone represent me. I have a right to understand what the submissions are, how to compute them and have someone do it on my behalf. I have a right to understand what a submission for anonymization is and I don't want the judgement to be anonymized and therefore I have a right to have a legal representative write the arguments to support my position. The respondent wants anonymization for obvious reasons. I don't want anonymization because the world needs to know that it is possible to stand up to tyranny, abuse, and oppression and my daughters want the judgement to be public because they know the truth and they are proud of me.

I feel powerless, abused, silenced, [REDACTED], and oppressed.

You have read my section 25 statement, and you have witnessed my evidence in cross examination.

You are aware that I suffer from severe PTSD, you are aware that I have been subjected to 30 years of domestic abuse and coercive control, and you are aware that I am vulnerable.

You are aware that the final hearing was a triumphant success and, after 30 years of oppression, it gave me my voice back. I was heard, I was seen, and I said my truth. It is all recorded and in transcripts. It is etched forever, and nothing can erase it.

[REDACTED] is what I feel in the deepest of my bones when my rights to speak my truth, defend

myself, and have a fair process are denied.

I am being [REDACTED] right now.

I informed you that I have no resources, no home, no food, and no legal assistance.

I informed you that my daughters and I are in danger because [REDACTED]

[REDACTED]

You are aware of everything. I am being burnt alive, with no trial.

I am not naïve, and I am not asking for justice.

I want my rights to be upheld and I want a process that gives me equal probabilities of success as the opponent. Stripping me off my voice, food, a roof over my head, and legal advice is not a fair process and is not giving me equal probabilities of success. It is robbing me of my right to impact my life, it is rendering me powerless, and taking my ability to have agency and dominion over my life.

Whether the judgement is final or not, and regardless of my appeal, the draft order and the submissions for costs and anonymization are crucial. The court is proceeding with one party only. The other one is left behind, voiceless and powerless.

I cannot do this anymore. You all know that, and you are watching this happen, with no assistance to me and the children in circumstances where I have asked for help because of serious threats to our lives, and I have filed the necessary form to enforce the maintenance order.

You are just watching me go away, disappear, fade in the distance, until my voice becomes inaudible, and my spirit is crushed forever.

This is not right.

Veritas Numquam Perit

UK: +44 79 1332 8615

US: +1 424 426 9226

Subject: Re: Urgent Enforcement of MPS order
Date: Thursday, May 2, 2024 at 6:12:53 PM British Summer Time
From: Nadia <nadia@rosekross.com>
To: Selby-King, Karen <karen.selby-king@justice.gov.uk>
CC: Alexis Campbell KC <ACampbellKC@29br.co.uk>
Attachments: image001.png

Dear Karen,

Thank you very much. I would like to say that I am really sorry for what is going on and for the trouble it is causing you.

I am struggling so much, I am extremely distressed, and the feeling of powerlessness horrible: [REDACTED]

I am so sorry for the trouble. I am sorry from the bottom of my heart.

With my kind wishes,
Nadia

Veritas Numquam Perit
UK: +44 79 1332 8615
US: +1 424 426 9226

From: "Selby-King, Karen" <Karen.Selby-King@justice.gov.uk>
Date: Thursday, May 2, 2024 at 5:20 PM
To: Nadia <nadia@rosekross.com>
Cc: Alexis Campbell KC <ACampbellKC@29br.co.uk>
Subject: RE: Urgent Enforcement of MPS order

Dear Ms Zahmoul,

As I confirmed in my email at 13.46 today, your emails have been forwarded to His Lordship.

Kind regards

Karen

Karen Selby-King
Clerk to The Honourable Sir Jonathan Cohen
Currently sitting in Newcastle Family Court
High Court Judge / Judge in charge of Family Division Appeals

Nadia Zahmoul

Subject: Zahmoul vs Zahmoul
Date: Thursday, July 25, 2024 at 7:32:23 PM Mountain Daylight Time
From: Nadia <nadia@rosekross.com>
To: Civil Appeals - CMSB <civilappeals.cmsB@justice.gov.uk>
Priority: High
Attachments: N161 Urgent 23July2024 Nadia Zahmoul.pdf, Grounds of Appeal 23July2024 .pdf, 3. Final Hearing Notes.pdf, 10. EX105 Request Transcripts.pdf

Dear Mrs. Woodley,

Please find attached the Appellant Notice and Grounds filed on 22 July 2024.

I am appealing against the orders made in the case Zahmoul vs Zahmoul on the grounds of discrimination.

I have mental health disabilities and protected characteristics.

The court made participation measures to assist me in giving my oral evidence at the final hearing.

Following the final hearing, the court revoked the order for participation measures and did not make reasonable appropriate participation measures to support my participation in the proceedings after the final hearing.

As a result of the court's failure to make participation measures to assist me in the proceedings in March, April, and May 2024, I was at a disadvantage, and **the outcome of the proceedings is unfair.**

I made two urgent orders in section 10 for (i) enforcement of maintenance payments and (ii) an immediate stay of execution.



I am eligible for Legal Aid and have sent the matter to several law firms who specialize in discrimination and accept Legal Aid.

- I would be grateful if you could please seal the Appellant Notice of 22 July 2024.
- I would like to please request a hearing to address the application to appeal.
- I submitted a request for transcripts at public expenses on form EX105 on 25 June 2024. I received the judgment; however, the request was for the entire proceedings (judgment + evidence). I would be grateful if you could please order the transcripts of the evidence as they are very important for the appeal. In the meantime, I would like to add the attached final hearing transcripts to the court bundle.

Thank you very much.

Sincerely,
Nadia Zahmoul

VERITAS NUMQUAM PERIT
UK: +44 79 1332 8615
US: +1 424 426 9226

EXHIBIT SECTION B

AUTISM DIAGNOSTIC & ADJUSTMENTS EVIDENCE

Central London Adult Autism Service (CLAAS)
LBHF| RBKC | Westminster

Westminster: 215 Lisson Grove, NW8 8LW

LBHF: 56 Bloemfontein Road, W12 7FG

RBKC: 1-9 St Marks Rd, W11 1RG

0208 102 3889

clcht.claas@nhs.net

www.clch.nhs.uk

Private and confidential

Mrs Nadia Zahmoul
35 Queens Gate Gardens,
London SW7 5RR
(sent via normal email with consent: nzahmoul@me.com)

Date: 20/06/2025

To Whom It May Concern,

Re: Autism Assessment Outcome for Mrs Nadia Zahmoul; Date of Birth: 27 Apr 1969

We are writing to confirm that Mrs Nadia Zahmoul has a confirmed diagnosis of **Autism Spectrum Condition (ASC)**, according to the Diagnostic and Statistical Manual for Mental Health Disorders, Fifth Edition (DSM-5), from our service, **Central London Adult Autism Service (CLAAS)**. The assessment was led by Dr Catherine Cheung (Principal Clinical Psychologist; HCPC Registration Number: PYL32865).

Diagnosis of Autism Spectrum Condition (ASC; DSM-5: 299.00; ICD-10 Code: F84.0)

Our assessment protocol is based on recommendations in The National Institute of Health and Care Excellence (NICE) Guidance for adult autism assessments, and our findings concluded that she does meet diagnostic criteria for ASC, according to the DSM-5.

This means that Nadia was born with this condition, but unfortunately, she was only formally diagnosed in our service in June 2025. A neurodevelopmental condition is pervasive and lifelong. The National Autistic Society (NAS) describes Autism as a “neurodevelopmental disability”. This means that **Nadia has always been and will continue to be autistic for the rest of her life**.

Being autistic significantly impacts Nadia’s ability to cope with the demands of day-to-day living. By definition of the diagnosis, she demonstrates **genuine, significant differences (or**

difficulties) in social communication and understanding and managing social relationships, which can give rise to **challenges in managing social interactions and situations** (e.g., difficulty expressing her needs or comprehending other people's information sharing, social isolation). Without the appropriate support for her autistic communication, Nadia struggles to effectively share information about herself, respond to others' questions and comments, and engage in interactive settings. This can also give rise to unintentional misunderstandings and place her at a disadvantage.

Please note that Nadia's communication and relationship challenges are autistic in nature. However, she can communicate using sophisticated vocabulary and grammar, which can generate the false impression that she is managing better than she is. Her challenge lies in the pragmatic use of language to effectively communicate and interact with others.

Additionally, Nadia continues to experience high levels of anxiety and distress daily, usually triggered by everyday problems of daily living and the challenges of managing social communication, which require continued support and reassurance.

Being autistic also significantly impacts Nadia's **information-processing style**: there is a **genuine need for familiarity, structure, and predictability**. This is both external and internal. Externally, unfamiliar people, places and settings can be significantly upsetting for Nadia; she often needs a lot longer to familiarise herself and settle down. Internally, Nadia has very **specific or defined ways of thinking or understanding information** and needs significantly more time and effort to process new information or engage with new approaches. Information that does not fit in directly with Nadia's way of thinking or understanding can again be extremely confusing and distressing for her.

Because of her disability and autistic needs, Nadia is entitled to support and reasonable adjustments. This will allow her to meaningfully participate in court and to ensure that her experiences and preferences are effectively and reliably presented during any legal proceedings. We will later provide a letter of clinical recommendation for accommodation and adjustments to Nadia's communication and information processing style.

Warmest Regards,

Electronically signed and delivered to avoid delays.

Dr Catherine Cheung
Principal Clinical Psychologist
Central London Adult Autism Service (CLAAS)

Sophia Iacovou
Assistant Psychologist

Cc: Nadia Zahmoul;

GP – Stanhope Mews West Surgery (stanhope.mews@nhs.net)

NHS No.: 705 199 5111
DoB: 27 Apr 1969



Central London Adult Autism Service (CLAAS)
LBHF| RBKC | Westminster

Westminster: 215 Lisson Grove, NW8 8LW

LBHF: 56 Bloemfontein Road, W12 7FG

RBKC: 1-9 St Marks Rd, W11 1RG

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www.clch.nhs.uk

NHS No.: 705 199 5111
DoB: 27 Apr 1969

Private & Confidential

Mrs Nadia Zahmoul

35 Queens Gate Gardens
London
SW7 5RR
(sent via email with consent: nzahmoul@me.com)

Date: 01/07/2025

Autism Assessment Report

Dear Nadia,

Thank you for meeting with us for the autism assessment on Thursday 15th May 2025. You were referred to the Central London Adult Autism Service (CLAAS) in April 2025 by Tamara Moon, Senior Assistant Psychologist at the South Kensington and Chelsea Home Treatment Team (HTT). It was hoped that an autism assessment could help you to understand your communication and processing needs and guide any adjustments for your ongoing divorce court case.

Our report focuses on key autism-related information and should be read in conjunction with existing reports to gain a comprehensive understanding of your background, life experiences and psychosocial and health needs.

Assessment Process

Our assessment was guided by the recommendations in the National Institute for Health and Care Excellence (NICE) Guidance for adult autism assessments and employed the following sources of information:

- Information provided by **Tamara Moon (Senior Assistant Psychologist)** on your current circumstances, difficulties and needs through your engagement with the **Home Treatment Team**. This was obtained through the completion of the referral form.
- An in-person clinical interview with **Dr Catherine Cheung (Principal Clinical Psychologist)** and **Sophia Iacovou (Assistant Psychologist)** on 15/05/2025. The

purpose of this meeting was to help gain a better understanding of your current circumstances and concerns.

- Behavioural observations guided by the **Autism Diagnostic Observational Schedule, 2nd Edition (ADOS-2)** was conducted in the same meeting. This allowed us to observe your communication style, social reciprocity, and behavioural patterns.
- Information regarding your social experiences, interests, thinking patterns, and sensory sensitivities was gathered through the **Ritvo Autism Asperger Diagnostic Scale - Revised (RAADS-R)** questionnaire. This form was self-completed by you using a virtual form.
- Ongoing collaboration with other professionals involved in your care, including a meeting with your referrer, **Tamara Moon (Senior Assistant Psychologist)** from the **South Kensington and Chelsea Home Treatment Team (HTT)**. These discussions contributed to a more comprehensive understanding of your circumstances and challenges within the broader context of your mental health.

Diagnostic Outcome

We concluded that **you are autistic**. We discussed this outcome with you on Thursday 12th June 2025 during a follow-up virtual meeting. You shared that this diagnosis came as a relief, and you hoped it may offer a helpful template to make sense of your experiences and difficulties. You described your long journey in self-understanding and finally recognising that you are not “deficient” but, rather, processing information differently.

Without appropriate support, autistic individuals can face significant challenges in their daily lives, which can affect their physical and emotional well-being. For example, you shared insightful reflections around how your deep and detail-oriented attention can be difficult and exhausting to manage at times.

Co-Occurring Diagnoses and Difficulties

A diagnosis of autism does not discount for the adverse life experiences impacting your sense of self and emotional well-being, which were also considered throughout your autism assessment process. You reported having **Post-Traumatic Stress Disorder (PTSD)** as a result of a series of adverse life events (e.g., witnessing 9/11 attacks in close proximity). Your self-reported experience of PTSD has been consistently recorded throughout your medical record, and is something that you have discussed with multiple healthcare professionals.

We also gathered information about how such experiences have impacted your current mental health and functioning through professional liaison with professionals involved in your care at the South Kensington and Chelsee HTT. You are thoughtful and recognised the interplay between your PTSD symptoms and autistic needs. Together, we discussed how some of your behaviours or responses might be coping strategies that you have developed over time to deal with challenging situations.

We also discussed how, during periods of heightened stress, your autistic needs can become more pronounced, making it harder to communicate effectively. For example, you may feel compelled to share thoughts or experiences that are most pressing for you, even if they seem

unrelated to the immediate context. This can also affect your ability to take on others' perspectives or advice, as your capacity for cognitive flexibility may be reduced in these moments, despite your motivation to engage meaningfully.

Services should hold in mind your neurodivergent traits, your mental health needs relating to adverse life experiences and your psychosocial context, and employ an Autism- and Trauma-Informed Approach when working with you.

Current Context and Ensuring Equity in Legal Proceedings

You are currently staying in a friend's flat in Kensington and managing your divorce proceedings without legal representation due to financial constraints. Preparing documents and engaging with the court process has been highly demanding and distressing. While helpful adjustments were made during the hearing phase (e.g., regular breaks, advocacy against harmful questions), these have since been withdrawn, despite the negotiation phase continuing to place significant demands on you. This, alongside financial and emotional strain, has negatively impacted your wellbeing. You described difficulty sleeping, teeth grinding, regular emotional breakdowns, and heightened anxiety.

Given your recent autism diagnosis, it is important that the court process considers your communication and information-processing needs so that you can participate on an equitable basis. The current structure and expectations of legal proceedings do not align well with your communication style, which can make it difficult for you to express yourself clearly or provide information in the way that is typically expected. This has understandably caused you significant distress, as noted in your recent contacts with health and wellbeing services. Reasonable adjustments - such as allowing you to communicate in alternative formats, giving you extra time to process and respond, and supporting you to organise your thoughts - may help you engage more effectively and fairly in the legal process.

A separate letter, addressed to the court, will be provided to outline your autistic needs and our recommendations for reasonable adjustments.

Risk and Mental Health

You were referred to us by the South Kensington and Chelsea Home Treatment Team (HTT), a crisis service, following a period of acute stress during which you believed you had been poisoned. While under the care of the HTT, you had regular meetings with clinicians. It was recognised that although the psychological impact of your trauma is significant, there were no concerns about active risk of harm to yourself or others.

During the autism assessment and follow-up meetings, we observed increasing levels of distress, which have affected your ability to maintain consistent self-care, sleep and eat well, and regulate your emotions. You spoke openly about these challenges, attributing much of your distress to the ongoing legal proceedings and the withdrawal of reasonable adjustments by the court.

Although you reported no current thoughts or plans to harm yourself or others, you acknowledged that your recent mental health difficulties have been more acute and impactful. You expressed a desire to access support to help stabilise your mental health. Following our post-diagnostic meeting on 19th June 2025, you confirmed your wish to engage with crisis services. We subsequently referred you to your local Single Point of Access (SPA) team, and you are now receiving support from the HTT.

Autism Profile

We recognised various autistic features in your social approach. This means that there are *marked differences* in how you communicate, approach social situations and process information. We also noticed *marked differences* in your daily approach and information processing styles that are consistent with an autism profile. These differences include:

Verbal Communication	
Expressive verbal communication	You express yourself with passion, particularly when discussing topics that are important to you. Your speech was often quicker than expected during our meetings and could involve extended, detailed monologues. While meaningful to you, this style of speech may mean that others may find it difficult to interject or follow your main point.
Formal, metaphorical, or repetitive language	You often use formal, analytical, or metaphorical language, and may repeat specific phrases or concepts. For example, you were keen to share how the “hyper analytical” processing style resonates with you and repeated words such as “microcosm” and “surreal” a number of times during our assessment. While this language is meaningful to you, it may make it difficult for those unfamiliar to you to interpret your intended meaning.
Turn-taking and gauging conversational expectations	It may be less intuitive for you to judge when to start or stop speaking, or how much detail to include. This can make conversational turn-taking more effortful. For example, during the assessment, you sometimes responded to personal questions with detailed theoretical content, which could be longer or less directly relevant than expected. Clear prompts and feedback can help to clarify expectations and prompt you to share relevant information.
Non-verbal Communication	
Interpreting social cues	Interpreting others’ emotions, intentions, or cues can be effortful. You may not always pick up on more subtle cues (e.g., whether a listener is struggling to follow), and you thrive when this information or feedback is offered more clearly. In unfamiliar or formal settings (e.g., courtrooms), this may impact how your reactions or participation are received by others.
Use of non-verbal communication cues	Your non-verbal communication (e.g., eye contact, gestures, body language, vocal tone) may not always be as well-meshed with your internal state or the social context as may be expected. For example, you may hold strong brief eye contact, punctuated by looking around the room. Your gestures and body language may also seem more animated or jerky than expected.

Communication Preferences and Support Needs	
Preference for direct communication	You prefer communication that is direct and transparent. Vague, contradictory, or unclear language can be distressing. For example, you described finding the innuendo and ambiguous communication of the court room very stressful. You also mentioned that in the past it has been helpful when workplace bosses offer you clear and direct feedback.
Strong sense of fairness and justice	You described a strong sense of justice and rule-based thinking. This can mean that when you perceive dishonesty or unfairness in social settings, you may become distressed and find it difficult to engage or negotiate.
Difficulty “reading between the lines”	Inferring unspoken intentions or navigating ambiguity in social or legal interactions can be challenging. For example, during our meetings, it seemed difficult to gauge how much information was appropriate to share or which questions were appropriate to ask.
Emotional Expression and Regulation	
Emotional recognition and expression	You experience emotions intensely and may find it difficult to regulate or express them in ways that others expect. When emotionally heightened, your communication may become more intense or expressive (e.g., through tone, movement, or language). This reflects your intention to be understood but could lead to misinterpretations by others.
Emotional regulation	Though you expressed difficulties with regulating your emotions when experiencing heightened stress, you show strong insight and commitment to managing these challenges. You described routinely seeking time alone to self-regulate, a strategy you have used throughout your life. More recently, you have also proactively accessed support through mental health services. These are important strengths that support your ability to navigate emotionally difficult situations.
Social Relationships	
Making and maintaining relationships	You described a very limited social circle during your younger years, often preferring to focus on schoolwork rather than forming relationships with your peers. Though you have developed social skills and navigated social spaces (e.g., the office environment) over the years, you described often seeking alone time.
Information Processing Style	
Analytical, rule-based thinking	You tend to create internal rules to make sense of the world, which you refer to as your “hyper analytical” style of thinking. This makes ambiguity or contradiction difficult to process, creating a sense of distress and, in some cases, contributing to breakdowns. You also mentioned that emotions can be difficult to make sense of, as they “do not fit inside the rules”. This can make it difficult for you to connect with nuances.
Detail-focused memory	You have a strong attention to and memory for details. You are able to recall information - including research, life events, or procedural details - in great

	detail. This strength can support you in structured or evidence-based environments, but may also contribute to cognitive overload.
Preference for structure and predictability	You are aware of your need for structure and clarity, and you thrive when expectations are clearly defined. Unfamiliar or unstructured environments can be more challenging to navigate.
Immersive Interests	
Deep focus on specific topics	You described your interest on topics as “intense”, often consuming most of your waking hours. Previously, you have been very interested in education and special needs. Currently, you spend an extensive amount of time reading legal documents - you are able to recall large amount of information and texts of your research.
Difficulty shifting focus	When engaged in your interests or sharing your interest with others, you often become deeply focused. This can make it difficult to shift your focus. For example, you described currently having little time for self-care and emotional regulation activities as you spend much of your time engaged in matters relevant to your court case.
Sensory Sensitivities and Regulation	
Sensory sensitivities	High-stimulation environments (e.g., court room, busy spaces) can be overwhelming. You may benefit from quiet spaces and sensory tools to self-regulate (e.g., movement, tactile objects like putty). You also mentioned that time alone has helped you throughout your life to regulate.
Sensory-seeking behaviour	During our meetings you engaged in a number of sensory seeking behaviours, such as flexing and clenching your hands and fingers, repetitively touching your face and head, and twisting your legs together. These actions may provide distinct sensory feedback, which can function as a way to self-soothe.

Your Strengths and Capabilities

While this report focuses your autistic needs, it is equally important to highlight your many strengths. You are highly intelligent, motivated, and passionate, with a strong sense of justice and commitment to your children. Your information processing style is analytical, which you have applied in previous professional roles and are currently using to navigate complex legal processes. Your care for your children was clearly expressed throughout our assessment, and you spoke warmly about your relationship with them.

Your autistic traits do not directly correlate to your parenting capability. Rather, your communication and information-processing style are part of your neurodivergent profile. When understood and supported appropriately, you are able to engage meaningfully and effectively.

Recommendations and next steps

Support from CLAAS

Post-diagnosis Support Sessions

We initially planned to meet for 2–3 post-diagnostic support sessions, focusing on developing strategies for emotional regulation and exploring helpful thinking patterns. You expressed openness and motivation to engage in these sessions.

However, following our first session, we jointly recognised that, given your current circumstances and the high levels of stress you are experiencing, it was difficult for you to engage meaningfully in post-diagnostic support at this time. You were insightful and open in acknowledging this, and we agreed that your primary need at present is mental health support rather than autism-focused input.

We understand that your situation has become particularly challenging in recent weeks, and you are now receiving support from crisis mental health services, who are helping you work towards greater stability and wellbeing. Once your circumstances have stabilised, and if you wish to re-engage, we would be open to re-opening your case to continue with autism-focused post-diagnostic support through CLAAS.

In the meantime, we have agreed to provide a supporting letter for the court to assist you in accessing reasonable adjustments. This letter will be sent to you virtually via email.

Liaison with other services

We are aware of your recent contact with mental health services and understand that you are currently receiving support from the South Kensington and Chelsea Home Treatment Team (HTT) following a referral to the CNWL Single Point of Access (SPA), made by us at CLAAS following a meeting in which we discussed your current difficulties.

We have been in contact with mental health services, including the CNWL Single Point of Access (SPA) and South Kensington and Chelsea (K&C) Community Mental Health Hub (CMHH) to share our concerns about your mental health and safety, and our understanding of your autistic needs in the current context.

Our service is not an emergency service. We do not care coordinate or offer ongoing support. However, we will continue to ensure you are safe and communicate your psychosocial needs to the relevant services, with the hope that you can access appropriate support.

Autism Advice Clinic

We host a regular **Autism Advice Clinic**. These are 20 to 30-minute virtual slots for informal chats, advice-giving or signposting to other services. Please see the attached invitation letter and contact us to book an appointment.

Autism consultation and advice for professionals

We will remain in contact with your care teams and attend professional meetings. We can also provide **autism-specific consultation** to any professional supporting you. These are usually to provide specialist advice around supporting your autistic needs.

Recommendations for autism-related resources

Websites and online resources:

- There is useful information to be found on the National Autistic Society's website (<http://www.autism.org.uk/living-with-autism/adults-with-autism-or-asperger-syndrome/useful-resources.aspx>).
- **The Centre for ADHD and Autism (CAAS)** is a third-sector organisation that can advise on your autistic needs and support practical tasks in the community. Please visit this link for more information: <https://adhdandautism.org/services/adults/> or contact the local representative, Laura Nettleford (laura@adhdautism.org).

Books:

- [Unmasking Autism](#), Devon Price
- [Looking After Your Autistic Self: A Personalised Self-Care Approach to Managing Your Sensory and Emotional Wellbeing](#), Niamh Garvey
- [An Adult with an Autism Diagnosis: A Guide for the Newly Diagnosed](#), Gillian Drew
- [The Guide to Good Mental Health on the Autism Spectrum](#), Emma Goodall and Jane Nugent. Forewords by Wenn Lawson and Kirsty Dempster-Rivett Jeanette Purkis
- [The Independent Woman's Handbook for Super Safe Living on the Autistic Spectrum](#), Robyn Steward
- [Women on the Spectrum: Walking to the Beat of Autism](#), Barb Cook and Dr Michelle Garnett

Jessica Kingsley Publishers is one of the largest publishing houses on autism-related books.

Podcasts:

- Robyn Steward - <https://www.bbc.co.uk/programmes/p06sdq0x>
- John Offord - <https://anchor.fm/differentminds/episodes/How-it-feels-to-be-diagnosed-with-Autism-later-in-life-en6qhb>

General information about CLAAS

Our service **does not** offer ongoing psychological therapy or social care provision or case management. However, we can support you in accessing services.

- **Psychological support** for ongoing or co-morbid mental health needs. We can support you in being referred to **mental health services** (e.g. IAPT, CMHT) as appropriate via the GP.
- If there are concerns about daily functioning and independent living, a referral to **Adult Social Care Services** is recommended to see if there are needs eligible under the Care Act.

- If in **crisis** or feeling unsafe, please contact the **GP** or the **CNWL Single Point of Access** on 0800 0234 650 or attend the nearest **A&E**. The **Samaritans** also offers a helpline on 116 123 or jo@samaritans.org for difficult times.

We will close your case to mark the completion of your Autism assessment. Where appropriate, our service remains available for ad-hoc professional consultation and joint-working with other professionals or services.

Yours sincerely,

Electronically signed and delivered to avoid delays.

Sophia Iacovou

Assistant Psychologist

Dr Catherine Cheung

Principal Clinical Psychologist

Central London Adult Autism Service

CC: Referrer: South K&C Home Treatment Team, cnw-tr.southkandchtt@nhs.net

GP: Stanhope Mews West, stanhope.mews@nhs.net

CLAAS File

Private & Confidential

Mrs Nadia Zahmoul

35 Queens Gate Gardens
London
SW7 5RR
(sent via email with consent: nzahmoul@me.com)

Date: 03/07/2025

To whom it may concern,

RE: Mrs Nadia Zahmoul's Autism Diagnosis and Recommendations for Reasonable Adjustments; NHS No.: 705 199 5111; DoB: 27 Apr 1969

1. Context

I am writing in my capacity and clinical role as Principal Clinical Psychologist and Service Lead at the Central London Adult Autism Service (CLAS), Central London Community Healthcare NHS Foundation Trust.

This letter aims to summarise Nadia's Autism diagnosis and recommendations for reasonable adjustments. Nadia was seen in our service for an Autism diagnostic assessment, following a referral to us from our colleagues in NHS mental health services.

Please note that this is purely a clinical letter to support understanding of Nadia's autistic needs and recommend reasonable adjustments to enable equitable participation in court proceedings.

This letter does not intend to provide expert evidence or offer an opinion on legal matters or facts of the case. Should such information be required, an independent expert witness should be separately instructed.

2. Confirmation of Autism Diagnosis

Nadia has a formal diagnosis of Autism under the DSM-5 criteria. Autism is internationally recognised as a neurodevelopmental condition. This means that Nadia was born autistic and will be for life. Autism affects social communication, information processing, and sensory experiences. While it is considered a form of neurodivergence rather than a disability, it qualifies as a “disability” due to the significant differences autistic individuals presents in the aforementioned domains, which can lead to significant challenges and poorer functioning when a lack of appropriate support is in place. However, this diagnosis has no implication on a person’s intellectual abilities. In fact, Nadia is intelligent, educated and has had demanding job roles.

Autistic individuals can experience significant difficulties in their wellbeing and in their everyday life. Environments that do not match well with their autistic preferences can pose significant barriers.

Environments, such as being in court, that are unfamiliar, involve significant social communication demands, and require the need to process information quickly and to perform under time pressure can be stressful for autistic individuals. Their autistic needs are likely to be amplified under these circumstances.

Without reasonable adaptations, autistic individuals are at a disadvantage and unable to participate equitably; for instance, they cannot communicate effectively as demanded of or intended for in specific settings (e.g., court proceedings).

This letter outlines how Nadia’s autism affects her communication and processing in the context of legal proceedings and recommends reasonable adjustments to ensure that:

- Nadia is provided with an equitable and fair chance to express and represent herself;
- Nadia can engage meaningfully with and participate effectively in the court proceedings.

3. Other Mental Health Needs

Nadia has significant mental health needs, including a co-occurring diagnosis of Post-Traumatic Stress Disorder (PTSD), linked to a series of adverse life events. Nadia’s diagnosis of PTSD means that she continues to experience longstanding symptoms and difficulties. For further details on Nadia’s mental health needs, please refer to the letter from **Dr Leigh Poyser (Consultant Psychiatrist), dated 26 March 2025**. Nadia has shown a high level of insight into how her PTSD and autism interact. Nadia’s autistic needs are amplified and her ability to communicate effectively is significantly reduced during periods of emotional distress.

4. Summary of Autistic Traits Relevant to Legal Proceedings

The following traits and needs were identified during Nadia’s autism assessment and are particularly relevant to her participation in ongoing legal proceedings:

4.1. Communication Style and Expression

- Nadia has a strong preference for direct, honest communication and finds vague, dishonest, or contradictory language distressing.
- Nadia may use more formal, analytical, or metaphorical language than expected. Nadia may repeat specific phrases or concepts, which might impact how others interpret her intended meaning.
- Nadia may speak at length and with intensity about topics that are important to her. This can make it difficult for others to interrupt or redirect the conversation.
- Nadia uses animated gestures and emotive language, especially when emotionally heightened. While this allows her to express herself authentically, it may be misinterpreted in formal settings.
- Nadia has difficulty intuitively reading non-verbal cues or conversational turn-taking.

4.2. Information Processing and Thinking Style

- Nadia has a highly analytical and detail-focused thinking style, with a strong preference for logic, consistency, and rule-based systems.
- Nadia recognises a “rigid” thinking style. She often creates mental “rules” to help her to process information. This can make it difficult to make sense of unclear, ambiguous, or conflicting information.
- Nadia has a strong sense of justice and fairness, which can lead to emotional distress when she perceives “dishonesty” or “manipulation”.
- Nadia has a strong memory and can recall information in detail but may find it effortful to summarise or prioritise key information.

5. Strengths and Capabilities

While this report focuses Nadia’s autistic needs, it is equally important to highlight her many strengths. Nadia’s autistic traits have no direct bearing on her parental capacities. She is articulate, intelligent, and deeply committed to her children. Her strong memory and analytical skills have supported her success in previous professional roles and in managing complex personal challenges.

6. Recommended Reasonable adjustments

In light of Nadia’s communication, processing, and emotional regulation needs, the following adjustments are recommended to ensure Nadia’s equitable access and participation in ongoing legal proceedings. Consistent adjustments across all stages of legal proceedings are essential to support her engagement.

Communication

<ul style="list-style-type: none"> Allow additional time for Nadia to express thoughts, especially on complex or emotional topics. Use clear, direct, and unambiguous language. Use shorter sentences. Avoid vague or contradictory statements (e.g. inference, innuendo). Ask specific, rather than open-ended, questions. Provide clear prompts and specific cues to gather relevant information. Allow time for responses. Offer clarification or summarise key points regularly during discussions.
Information Processing and Organisation
<ul style="list-style-type: none"> Provide clear explanations of legal processes, expectations, and timelines. Allow extra time to process information and formulate responses, especially if the content is new or unexpected. Where possible, share documents, questions, or agendas in advance to reduce cognitive load.
Emotional Regulation and Sensory Needs
<ul style="list-style-type: none"> Recognise that heightened emotional expression may reflect distress or difficulty communicating, rather than lack of cooperation. Offer regular breaks during lengthy or emotionally demanding sessions. Be mindful of environmental stressors (e.g. noise, lighting, crowding), and accommodate sensory needs where feasible.
Other Adjustments
<ul style="list-style-type: none"> Allow for video link participating, if possible Provide a quiet waiting area prior to a trial Allow Nadia to appoint an advocate to support her.

Nadia has reported significant distress following the recent withdrawal of previously granted accommodations in court, which has impacted her ability to express herself effectively. We strongly recommend that the above adjustments be implemented consistently throughout the remainder of the proceedings.

Thank you for your attention to this matter. Should you require further information or clarification, please do not hesitate to contact us.

Yours sincerely,

Electronically signed and delivered to avoid delays.

Dr Catherine Cheung
Service Lead & Principal Clinical Psychologist
Central London Adult Autism Service

Sophia Iacovou
Assistant Psychologist

Cc: GP: Stanhope Mews West, stanhope.mews@nhs.net

EXHIBIT SECTION C

***MEDICAL & SAFEGUARDING EVIDENCE (CRISIS,
GP, A&E, PSYCHIATRIC, DR HAYSE REPORTS).***

Private and Confidential

26.03.2025

South K&C Crisis and Home Treatment Team
South K&C Mental Health Unit
1 Nightingale Place

London

SW10 9NG

Tel: 0203 838 7899

Email: cnw-tr.southkandchtt@nhs.net

Re: Mrs Nadia Zahmoul D.O.B: 28.04.1969

Date of Hearing: 31st March 2025

Dear Sir/Madam,

I am writing to inform the Court that Mrs Zahmoul is currently under the care of myself and my team, the South Kensington and Chelsea Crisis Resolution and Home Treatment Team (CRHTT), due to her experience of a mental health crisis. Mrs Zahmoul has been experiencing significant levels of agitation and poor sleep, which have been exacerbated by the stress of her current court case. Specifically, she reports great difficulty processing certain aspects of the proceedings, particularly regarding the evidence presented to her that she perceives as untrue.

In light of these challenges, we are providing her with intensive support to help her manage her difficulties, with the aim of ensuring she is well enough to attend the hearing scheduled for 31st March. We are committed to supporting her in this regard and hope to help her navigate this difficult time in a way that respects her mental health needs.

Nadia is due to meet with our psychologists soon in response to a query regarding whether she may exhibit symptoms of autism. This query is particularly pertinent as she has a first-degree relative with the same diagnosis. It is possible that these factors may influence how she perceives and processes the information provided during the court proceedings.

Given these circumstances, we would like to inquire if there is an advocacy service or any other appropriate support that could be made available to assist her in hearing and giving evidence at the hearing. Such support could ensure that she is able to fully engage with the proceedings in a manner that is fair and conducive to her well-being.

Thank you for your understanding and attention to this matter. Should you require any further information or clarification, please do not hesitate to contact me.

Yours faithfully,



Dr Leigh Poyser MBBS, MRCPsych
Consultant Psychiatrist

ED Depart Summary (Verified)

Chelsea and Westminster Hospital NHS Foundation Trust NHS

**Chelsea Westminster Hospital
Fulham Road
Chelsea
London
SW10 9NH**

7 STANHOPE MEWS WEST LONDON
SW7 5RB

Emergency Department
Direct Line: 0203 315 8001
Direct Line Referral for GPs: 0203 315 8121
Date: 21/Jun/2025 15:39:32

Dear S HUSSEIN

Name: Zahmoul, Nadia
D.O.B: 27/Apr/69
Gender: Female

NHS Number: 705 199 5111
MRN: 80718960
Home Telephone:
Mobile Telephone: 07913328615

Address: 35 Queens Gate Gardens, LONDON, SW7 5RR

Previous Emergency Department attendances in the last 12 months: 0

Your patient attended the Emergency Department on: 20/Jun/2025 06:09:00

Source of Referral: Ambulance

Incident occurred at: Living room

Seen by: Jessica-Lee Greeff

Printed by: Kennedy , Catherine
Printed on: 20/Jul/2025 17:23 BST

Page 1 of 5

Presentation: Mental Illness

Initial Assessment: BIBA> unusual behaviour, erratic. Called police at 0330, states she's been "raped". denies ETOH,drugs. marital issues, divorce on going for 5 yrs. disorganized speech, movement on arrival. Has attempted to abscond

Brief Summary:**Requested Actions for GP:**

Presenting complaint:

Nadia was brought to A&E by ambulance on the morning of 20/06/25 after she phoned the police to report that she had been assaulted by her ex-husband in the early hours

On arrival, LAS found Nadia to be behaving bizarrely and that she was evasive of questions

She also appeared to be fixated on "the courts" and kept asking LAS if they were sent by them

Her daughter reported a decline in Nadias behaviour over the past 48 hours

Nadia was conveyed to A&E under the capacity act. When she arrived to the department, she presented as agitated and attempted to leave

Nadia was given droperidol 10mg IM at 06:23 and a further 2mg lorazepam PO at 12:11

Impression: 56-year-old lady, currently open to the autism service and previously known to HTT. Concerns were raised about Nadia's mental state by the autism service on 19/06/25 and she was referred to CNWL SPA for triage. Nadia presents as insightful into her MH and reports that she feels she needs more support at this time. Given her recent, significant deterioration and episode of agitation in A&E, I would recommend that she is supported by SK&C HTT for a period of further assessment and containment. Nadia remembered working with HTT previously and was happy to be referred to them again.

Plan:

D/C from PLT

Refer to SK&C HTT in AM

Diagnosis: Bizarre behaviour

Investigations:

Acuity1&2, Safety_Zone, Ref Psych Liaison/Psychiatry, LFT, FBC, ALC, BONE, CRP, UE, BBVED, Electrocardiogram

Outcome: Treatment complete

Ward or Trust:

GP Actions:

TTA Medication:

No relevant medication details

Screened by Pharmacist:

Reason for Incomplete Treatment:

Critical Care/Majors:IV Cannula,

Treatments:Verbal advice,

Medications Administered to the Patient whilst in ED:

Medication	Dose	Route
droperidol	10 mg	IM
lorazepam	2 mg	oral
paracetamol	1 g	oral

Results:Laboratory or Other Results This Visit (last charted value for your 20/06/2025 visit)

Blood Sciences

20/06/2025 10:35 AM

White blood cell count, blood: $13.8 \times 10^9/L$ -- Normal range between (4.2 and 11.2)
Adjusted calcium level, blood: 2.40 mmol/L -- Normal range between (2.20 and 2.60)
Alanine aminotransferase level, blood: 24 unit/L -- Normal range between (0 and 34)
Albumin level, blood: 40 g/L -- Normal range between (35 and 50)
Alk phos level, blood: 59 unit/L -- Normal range between (30 and 130)
Basophil count, blood: $0.1 \times 10^9/L$ -- Normal range between (0.0 and 0.2)
Calcium level, blood: 2.40 mmol/L -- Normal range between (2.20 and 2.60)
Chloride level, blood: 102 mmol/L -- Normal range between (95 and 108)
C-reactive protein level, blood: 2.6 mg/L -- Normal range between (0.0 and 5.0)
Creatinine level, blood: 63 umol/L -- Normal range between (49 and 90)
Eosinophil count, blood: $0.0 \times 10^9/L$ -- Normal range between (0.0 and 0.5)
Ethanol level, blood: <100 mg/L
Globulin level, blood: 29 g/L -- Normal range between (19 and 35)
Haematocrit level, blood: 0.326 L/L -- Normal range between (0.350 and 0.450)
Haemoglobin: 109 g/L -- Normal range between (114 and 150)
Inorganic phosphate level, blood: 1.52 mmol/L -- Normal range between (0.80 and 1.50)
Lymphocyte count, blood: $1.7 \times 10^9/L$ -- Normal range between (1.1 and 3.6)
Mean cell haemoglobin conc, blood: 335 g/L -- Normal range between (315 and 350)
Mean cell haemoglobin level, blood: 32.1 pg -- Normal range between (27.5 and 33.1)
Mean cell volume, blood: 96.0 fL -- Normal range between (83.5 and 99.5)
Mean platelet volume, blood: 10.8 fL -- Normal range between (7.4 and 11.5)
Monocyte count, blood: $0.9 \times 10^9/L$ -- Normal range between (0.3 and 0.9)
Neutrophil count, blood: $11.0 \times 10^9/L$ -- Normal range between (2.0 and 7.1)
Nucleated red blood cell count, blood: $0.0 \times 10^9/L$ -- Normal range
between (0.0 and 0.1)
Platelet count, blood: $327 \times 10^9/L$ -- Normal range between (135 and 400)
Potassium level, blood: 4.0 mmol/L -- Normal range between (3.5 and 5.3)
Red blood cell count, blood: $3.40 \times 10^{12}/L$ -- Normal range between (3.73 and 4.96)
Red blood cell distribution width: 11.7 % -- Normal range between (10.0 and 15.9)
Sodium level, blood: 138 mmol/L -- Normal range between (133 and 146)
Total bilirubin level, blood: 8 umol/L -- Normal range between (0 and 21)
Total protein level, blood: 69 g/L -- Normal range between (60 and 80)
Urea level, blood: 10.4 mmol/L -- Normal range between (2.5 and 7.8)
Estimated GFR CKD EPI: >90 ml/min/1.73m²

Microbiology and Virology

20/06/2025 10:35 AM

Hepatitis C virus Ab screen, blood: Not detected
Hepatitis B virus surface Ag, blood: Not detected
HIV-1 and HIV-2 serology, blood: Not detected

Discharged by: John Joseph Henry Green

Final Emergency Department Discharge Summary

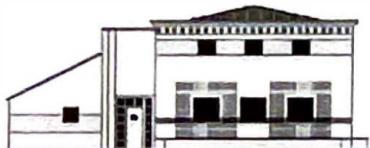
Completed Action List:

- * Perform by Green , John Joseph Henry on 21 June 2025 15:39 BST
- * Sign by Green , John Joseph Henry on 21 June 2025 15:39 BST
- * VERIFY by Green , John Joseph Henry on 21 June 2025 15:39 BST

Dr Stuart Nelson
Dr Thomas Morgan
Dr Rachael Coker
Dr Daniel Fox
Dr Michael Williams
Dr Sarah Macrow

Practice Manager. Mr Mark Thatcher

111
Providing NHS services



Overton Park Surgery
Overton Park Road
Cheltenham
GL50 38P
Tel - 01242 580511
overton.opsdirect@nhs.net

www.overtonparksurgery.com

Date: 28th June 2024

To Whom it May Concern

Dear Sir/Madam

Re: Mrs Nadia Zahmoul, 3 Montpellier Parade, Cheltenham, GL50 1UA, DOB: 27 Apr 1969

I can confirm that Nadia Zamoul is experiencing extreme anxiety due to the stress of going through a tricky divorce. She is unable to cope with activities of normal daily living. She is struggling to cope without legal representation and is experiencing extreme financial difficulties.

I would be grateful for your support in this matter.

Yours faithfully,

Dr C Copps
Overton Park Surgery



Cottonwood Psychiatric Evaluation

Patient Name: Zahmoul , Nadia

Creator Staff Name: Turner, Deborah

Date Created: 04/02/2013

Agency Admit Date: 03/31/2013

COTTONWOOD
tucson

Identifying Information:

Nadia is a 43-year-old female currently living in London but born in Morocco and has had time living in New York City as well. She is married and has two children, both girls, ages 7 and 5.

Referant:

Informants:

Chief Complaint:

Cocaine dependence.

History of Present Illness:

The patient states that last year during a very stressful time when she was moving "one more time" and her mother-in-law had cancer and she was caring for her, she states also stressors included relationship with husband and nanny, as well as poor sleep and her husband traveling quite a bit; she states that they were moving and her husband went away to Russia for business, she states that she began using cocaine. In the beginning she felt that this was helpful for her as she felt that it allowed access to trust herself and eliminate her self-doubt. She states prior to that she had "no access to what is strong inside". She states there was no more second-guessing, and she states she moved mountains in six months when she used cocaine, and she states that early on it did not control her but rather it was very helpful. She states that that did turn around and it began controlling her, which is why she has come into treatment to stop the use of cocaine. She states that she has had the help, through this time, of Professor Libby, who diagnosed her with severe depression and she was begun on Cymbalta, titrated up to 120 mg. She states that since that time she has had no more darkness. She states that she is a happy person, and she states "I've been controlling my moods ever since unless I'm expecting my period". She sees Professor Libby every Monday at 1 p.m. for the last year and feels this has been a very helpful relationship with her. She also has been seeing a psychoanalyst once per week, as well as a psychiatrist who specializes in addiction medicine. She feels that each of these relationships has been very helpful for her, however, at this time she feels the need to come inpatient for additional help and support in stopping use of cocaine.

Chemical Dependency History:

The patient states that she has used cigarettes, caffeine, some champagne, but not to excess; and most recently cocaine.

Past Psychiatric History:

As stated above, the patient does have several providers that she works with in London who she has developed strong relationships with and wishes to continue with them. Currently is on Cymbalta 120 mg. She states that the last time she was on 120 mg she did have some high energy and she was brought down to 90 mg, and very recently Professor Libby brought her dosage up to 120 again to combat increase in depressive symptoms.

Developmental History:

The patient was born in Casablanca, Morocco. She describes her mother as very manipulative and verbally abusive. She states that daily her brother was whipped with a horse whip. She states that she lived in fear constantly. She began drinking coffee at a young age and she would stay up until 3 or 4 a.m., and that was the only time of the day where she felt safe. She states she became #1 academically, and this became her identity. She states she had no access to her father and that her mother was in complete control. She states she started using cigarettes at 18. She went to London for a degree in Economics, and even there, parents were very controlling. They insisted that she be in

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her room by 7 p.m. and that they would call her every day to ensure this, and that if she was not, she would have to go back to Morocco. She complied with these rules and went and completed her degree. After completion of the degree, she was offered a job for which she was very excited. Her parents invited her back to Morocco for a visit prior to starting her job. She went back. She states her father asked her for her visa and her passport, which she gave him; he then locked them up in a safe and told her she was never going to leave Morocco again, and not leave their house until she was married. She then describes being kept in that home with constant verbal abuse. Throughout this time she states that she lived in a room that had no windows and no door: she called it "the pool room". When she lived in Morocco at 22 years old, she did get a job for Citibank - the American Bank, and she worked with the Moroccan government at that time on the federal budget. Her parents remained focused on her marriage, and she states "treated me like a dog". She states it was shameful to not be married. She repeated her pattern of being up until 4 or 5 a.m. and then go to work. She states that she was miserable. She went to New York on a training for her job, and she met someone there who she states she knew would be her husband. She states he was perfect for her because he was a type A and a go-getter and would not really ever get to know her. She states this was the only type of relationship she felt she could do, they married, and she states that that lack of intimacy has come back to be difficult for her in that she describes herself as feeling very lonely in her marriage. She worked for Lehman Brothers for 10 years. She was present for the 9-1-1 destruction. She states that her marital relationship had poor communication and that they made millions, but they fought a lot and were very lonely. She states that her in-laws' relationship with her husband was difficult. She describes her mother-in-law as loving and the first maternal relationship she has had. Her father-in-law was described as a narcissistic personality with no empathy and _____ demanding. She describes this as having a significant impact on her husband, who she feels "had his wings clipped" and had no ability to plan or be a part of a relationship. She states that they moved from New York to London, and she states that she did not want to move again and wanted to set some roots, and her husband has been very negative towards her and has often been verbally abusive as well. Her mother-in-law did have cancer and she did care for her, and she recently passed away.

Allergies:

See History and Physical.

Family History:

Unclear. Patient denies that her parents used any alcohol or drugs, however, there was significant abuse throughout the home. Family psychiatric history is largely unknown.

Social History:

Patient lives in London with her husband and two children. She has had a nanny over the years, which she has had what sounds like a strained relationship with.

Medical History+ Allergies:

See History and Physical.

Mental Status Exam**General Observations:**

Patient is alert and oriented, very intense demeanor. Seems psychomotor agitated.

Mood and Affect:

Mood is variable throughout interview. Affect is quite intense, crying at times, to being very calm at times, quite labile

Thought Content and Processes:

Thought processes are structured and logical at times, and tangential at others. No auditory hallucinations. No current suicidal or homicidal ideation, intention or plan.

Sensorium and Mental Capacity:

Insight seems to be fair. Judgment is fair as patient is currently seeking treatment for cocaine dependence.

Provisional DSM-IV Diagnoses: (This facility considers all Axis I diagnoses to be co-occurring)

Axis: Axis I **Axis Code:** 309.81

Axis Description

Posttraumatic Stress Disorder.

Axis: Axis I **Axis Code:** 304.20

Axis Description

Cocaine Dependence.

Axis: Axis II **Axis Code:** 799.9

Axis Description

Diagnosis Deferred on Axis II.

Axis: Axis III **Axis Code:** 000.0

Axis Description

See H&P.

Axis: Axis V **Axis Code:**

Axis Description

40.

Assessment:

Nadia is a 43-year-old female who appears approximately her stated age. Reports no social or familial supports. At home, she does describe caring for her children a great deal. She is very bright and accomplished. She does have significant traumatic history, and has experienced significant symptoms of hypervigilance and high startle response. She has had a great deal of difficulty sleeping throughout her life, and she has had detachment and restricted affect through most of her life as well. The patient did begin using cocaine recently, which in the beginning she felt was helpful for her in achieving a certain amount of self-confidence and accessing a part of herself that she did not know existed. She states that it did take control, however, and now she needs help in eliminating that from her life.

Recommendations and Initial Treatment Plan:

1. Admit to adult unit as patient is at severe risk of relapse if discharged at this time
2. Patient to begin work with therapist, group, individual, equine, consider EMDR, consider acupuncture.
3. Patient will be transferring care to Dr. Onate as she feels more comfortable with males.
4. Call in to Professor Libby in London to collaborate on the treatment plan.

Electronically authenticated by Deborah Turner M.D. on April 3, 2013 10:03 am

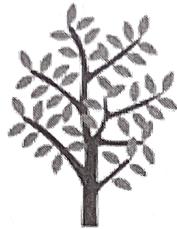
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Run Date: 5/3/2013

Page 3 of 3

Run Time: 2:13:46PM

Document Number: 2534811



COTTONWOOD
tucson

Cottonwood Interpretive Summary

Patient Name: Zahmoul , Nadia

Creator Staff Name: Lind, Sarah F

Date Created: 04/04/2013

Introduction:

Nadia is a 43 y/o married woman from London. Her provisional diagnoses according to the psychiatric evaluation at the time of admission are PTSD and Cocaine dependence.

Stage of change:

Nadia presents in treatment of her own volition and appears to be motivated for treatment, change and personal growth. She comes to treatment after experiencing a severe downward spiral, which appeared to be very debilitating for her. She appears to be in the contemplation stage of change as evidenced by her good insight into her substance use and past behaviors. Additionally, Nadia suffers from confusion, sadness and grief around her family of origin issues. Most recently, Nadia experienced an increase in her substance use, primarily cocaine. She is well informed about the recovery process and possesses the potential for increased insight and self-awareness into her chemical dependency, PTSD and tendency toward self-destruction. Nonetheless, she clearly appears to have become debilitated within her life by a personal downward spiral and does not function well within her life currently.

Integration of Evaluation/Clinical Impressions:

Nadia presents in treatment to address her impulsivity, depression/anxiety, trauma, excessive substance use, boundaries, and unhealthy coping mechanisms. The patient seems friendly, adaptable, motivated, pleasant, bright and positive while also appearing open to treatment and the recovery process. Nadia's apparent strengths are intelligence, creativity, and eloquence. She appears to be forthcoming and open to recovery, with a need for sobriety, security, clarification, honesty, direction, open communication, healthy interests, solid coping skills and self-esteem/self-worth within her life. Additionally, Nadia seems to need self-soothing skills, boundaries, solid coping skills, trauma resolution, to remain free from mood altering substances, a strong support system, and a solid relapse prevention plan. She may also need deeper personal introspection to develop ownership of feelings/responsibility, personal honesty, depression resolution and increased self-worth. Her abilities include integrating well into groups, communication, and acquisition of insight.

Barriers to Treatment:

In conflict with her strengths, Nadia possesses a remarkable potential for self-destruction, while also appearing to suffer from relationship/boundary issues and possible codependent traits. Due to feelings of hopelessness, pain and despair, the patient often engages in maladaptive coping mechanisms, including substance use. Thematic during Nadia's life appears to be depression, anxiety, poor coping skills, self-destructive behavior, low self-esteem, low self-worth, family issues and a history of trauma. Due to her past dysfunction, Nadia harbors pain and confusion about her life, while also feeling a lack of security and safety. In addition, the patient struggles with interpersonal relationships, especially those with her husband. She attempts to forge direction for herself without the benefit of understandable course or clarity. These issues may present a barrier for Nadia in treatment, but may also present a learning opportunity to explore how these issues contribute to her addictive/codependent behaviors and PTSD.

Treatment Plan Interventions:

The patient will benefit from groups which allow her to focus on emotions and gain deeper insight into her thoughts and behaviors as a whole. She may also benefit from didactical groups which explore the addictive process and substance abuse. She might also positively gain from groups that address family dynamics and relationship issues. Nadia could emotionally profit from attending groups which incorporate physical movement and nature, such as kickboxing, challenge course, Rocks and Ropes, and Equine Assisted Psychotherapy. XXX will be referred to relapse prevention groups. She will be also referred to participate in behavioral health process groups, recreational therapy, and self-exploration groups. The patient may also benefit from DBT group, primarily mindfulness, self-soothing, and distress tolerance groups. The patient will also be referred to EMDR and trauma groups. She states a preference of mind-body modalities, such as yoga, in regards to her treatment.

Electronically authenticated by Sarah Lind, MA, LAC on April 4, 2013 2:01 pm

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Run Date: 5/3/2013

Run Time: 2:14:54PM

Page 1 of 1

Document Number: 2538770

PROFESSOR GERALD LIBBY

Tel: 020 7224 3500
Fax: 020 7224 4030

9 Upper Wimpole Street
London W1G 6LJ

Diana Parker
Withers LLP
20 Old Bailey
London
EC4M 7AN
Diana.Parker@withersworldwide.com

12th July 2022

Dear Ms Parker,

Nadia Zahmoul – 27.04.1969
Hill Villa, Daisybank Road, Cheltenham, GL53 9QQ

I write in some urgency as I am extremely concerned about the physical and mental welfare of my patient Nadia Zahmoul.

I understand that you are acting for her in divorce proceedings and these proceedings have been going on for some time.

I also understand that as part of these proceedings there is a Court order which Mrs Zahmoul has been unable to sign given the allegations made around the matter, which she believes are untrue. In circumstances where Mrs Zahmoul has been struggling with significant personal attacks on her character since April 2021 and emotional abuse throughout her marriage, the Court Order has unfortunately triggered major symptoms of PTSD.

I saw Mrs Zahmoul in my clinic on 6 July 2022 and I am currently treating her for PTSD in order to help her with the symptoms.

Records and reports from 2011 through 2013 confirm that Mr Zahmoul was suffering from abuse and coercive control in her marriage which led her on a downward spiral during that period when I was treating her. Mrs Zahmoul was diagnosed with PTSD in April 2013 at Cottonwoods in Arizona, a centre for Mental Health and Substance Use Disorder.

PROFESSOR GERALD LIBBY

Tel: 020 7224 3500
Fax: 020 7224 4030

9 Upper Wimpole Street
London W1G 6LJ

She was treated with Seroquel which I continued to prescribe for her in London when she returned.

Mrs Zahmoul first experienced trauma in her family of origins during her childhood. The reports and diagnosis from Cottonwoods Centre identify her marriage as a source of trauma and she has over the years described a strained relationship with Mr Zahmoul, in which abuse and control were predominant. It seems clear that the hostility of the divorce proceedings has had a major impact on Mrs Zahmoul's mental health and her symptoms of PTSD are now apparent and interfering with her normal functioning and her everyday life.

Her present symptoms are stuttering, intermittent mutism and freezing, hypervigilance, extreme anxiety, inability to sleep and eat properly, inability to self-modulate emotional control and feelings of hopelessness and powerlessness.

These are symptoms of major psychiatric significance and carry with them a risk to both her physical and mental health.

It is clear to me that Mrs Zahmoul should not sign any documents that are perceived as a threat to her well-being.

In my professional capacity, I would wish to stand by her in this decision.

Signed



Gerald Libby FRCP FRCPsych

PROFESSOR GERALD LIBBY

E: office@geraldlibby.co.uk
T: 020 7224 3500

9 Upper Wimpole Street
London
W1G 6LJ

21st August 2024

To whom it may concern,

Nadia Zahmoul – 27.04.1969

I remain extremely concerned for the welfare of my patient Nadia Zahmoul who I have known and treated since 2011. She has capacity and so this is not the concern.

She has, I understand, grave financial hardship and this has meant a lack of home for her and her daughters and probably malnutrition as recent tests reveal anemia and auto immune Sjogren's syndrome.

Nadia must have legal representation but I understand financial difficulties impact this.

I understand participation measures that were in place for earlier hearings must now be in place again.

The impact of impending proceedings without representation and financial difficulties place Nadia under severe pressure and risk.

Signed



Professor Gerald Libby FRCP FRCPsych

BRUCE HAYSE, M.D.
P.O.BOX 1884
JACKSON HOLE,
WYOMING 83001
OFFICE PHONE (307) 733-6700
FAX(307) 739-8890

October 17, 2025

To Whom It May Concern:

RE: Mrs. Nadia Zahmoul (D.O.8.: 04/27/1969)

I am Mrs. Zahmoul's treating physician in Wyoming, USA. She has attended several consultations with me since late September 2025, due to a significant deterioration in her mental health.

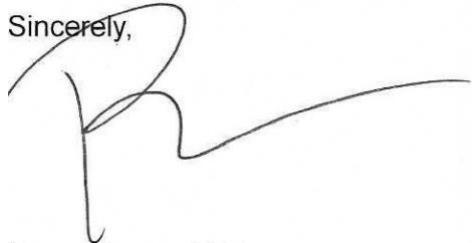
Mrs. Zahmoul has a documented history and diagnosis of Post-Traumatic Stress Disorder (PTSD) and a confirmed diagnosis of Autism Spectrum Condition (DSM-5 299.00; diagnosed June 2025 by Central London Adult Service, NHS UK)

She is presently experiencing a relapse in her mental health, characterized by heightened anxiety, emotional distress, and difficulty regulating stress-particularly in connection with ongoing UK court proceedings.

In my clinical opinion, Mrs. Zahmoul requires participation and communication support measures to ensure she can engage meaningfully and safely with the legal process. I would recommend that the Court consider appropriate reasonable adjustments consistent with her mental health and neurodevelopmental needs.

Please do not hesitate to contact me should further information be required.

Sincerely,

A handwritten signature in black ink, appearing to read "B.H.", which is likely the initials of Bruce Hayse, M.D.

Bruce Hayse, M.D.

BRUCE HAYSE, M.D.
P.O. BOX 1884
JACKSON HOLE, WYOMING 83001
OFFICE PHONE (307) 733-6700
FAX (307) 739-8890

November 25, 2025

Re: Zahmoul, Nadia (D.O.B: 04.27.1969)

Dear Sir/Madam:

I am writing to inform the Court that Mrs. Zahmoul is under my care in Jackson Hole, Wyoming. Mrs. Zahmoul is currently clinically vulnerable due to prolonged uncertainty and lack of clarity around ongoing legal proceedings in the United Kingdom. In recent months, she has experienced several mental health crises, emotional breakdowns, episodes of acute distress, functional impairment, and heightened anxiety. She reports significant levels of agitation, poor sleep, emotional dysregulation, and difficulties with daily functioning and self-care.

Mrs. Zahmoul has Autism Spectrum Condition (ASC) and Post-Traumatic Stress Disorder (PTSD), with co-occurring mental health conditions. In addition, she has Sjögren syndrome, an auto-immune disorder, and has experienced severe flares recently which required medical management.

I am aware of an upcoming court hearing in the United Kingdom and am very concerned for Mrs. Zahmoul's wellbeing and safety. It is important that the court process considers her communication and information-processing needs so that she can participate safely and on an equitable basis. In the past, her difficulties with the opacity and ambiguity of the legal process caused her severe distress, resulting in two hospitalizations in London in March and June 2025 for mental health crises. Mrs. Zahmoul's participation in any legal process requires appropriate adjustments and measures to ensure that she is able to fully engage with the proceedings in a manner that is fair and conducive to her well-being.

I refer to the NHS Autism Assessment Report of July 1st, 2025, which states that she requires "direct, clear, structured, and transparent communication." The NHS also provided a report for the courts addressing her autistic needs and challenges in the ongoing legal proceedings: "Mrs Nadia Zahmoul's Autism Diagnosis and Recommendations for Reasonable Adjustments" (July 3rd, 2025).

Mrs. Zahmoul has reported that the court's pattern of administrative silence and opaque processes have caused her acute distress, emotional instability, and several episodes of mental health breakdowns. This was exacerbated by the withdrawal of participation measures that were previously in place to support her in the court process. The NHS report states: "Nadia has reported significant distress following the recent withdrawal of previously granted accommodations in court, which has impacted her ability to express herself effectively. We strongly recommend that the above adjustments be implemented consistently throughout the remainder of the proceedings."

Given her severe deterioration and safeguarding risk, I am concerned that any delay

in resolving the outstanding legal matters poses a significant risk of further health deterioration and may lead to the need for hospitalization if her condition worsens.

In my opinion, Mrs. Zahmoul requires a structured, direct, transparent court hearing with appropriate participation measures to prevent further deterioration. An oral, in-person hearing—scheduled as soon as reasonably possible—is clinically indicated, as it would provide the clarity, structure, and interactive communication required to stabilize her condition. This is medically necessary to prevent further deterioration and to allow Mrs. Zahmoul to participate safely in the proceedings. Court processes that are opaque or ambiguous such as paper-based decisions or remote hearings, administrative silence, court delays, and procedural lack of clarity would be medically unsafe given her current mental health state and could precipitate a major destabilization.

Thank you for your understanding and attention to this matter. Should you require any further information or clarification, please do not hesitate to contact me.

Mrs. Zahmoul is fit to travel to the UK for a court hearing provided that:

- the hearing is scheduled expeditiously,
- reasonable adjustments are made (clear communication, structured timetable, breaks as needed), and
- she is permitted appropriate support.

Any prolonged delay or remote determination would be medically unsafe.

Sincerely,

A handwritten signature in black ink, appearing to read "BH".

Bruce Hayse, M.D.

EXHIBIT SECTION D

PAP & ESCALATION CORRESPONDENCE EVIDENCE

**EQUALITY, FAIR TRIAL, AND ADMINISTRATIVE ACCOUNTABILITY
SUBMISSION**

(CA-2024-001342 / BV20D01752 – Nadia Zahmoul v HMCTS & MoJ)

Submitted by:
Nadia Zahmoul
Email: nadia@rosekross.com
Date: 31 October 2025

Submitted to:
Ministry of Justice
HM Courts & Tribunals Service
For oversight and record by:
House of Lords Autism Act 2009 Committee
Equality and Human Rights Commission
Parliamentary and Health Service Ombudsman

Subject:

Unlawful Revocation of Participation Measures, Procedural Bias, and Continuing Deflection by **HMCTS** and **MoJ** concerning systemic failure to uphold participation measures and equality-law duties under:

- Family Procedure Rules **Part 3A**
- **Equality Act 2010** (Sections 20 and 29)
- Article 6 and Article 14 **ECHR**

Purpose:

This submission consolidates all correspondence and evidence between 20 October and 31 October 2025, documenting the unlawful revocation of participation measures, procedural bias, and continuing administrative deflection by **HMCTS** and the **Ministry of Justice**. It is submitted for institutional accountability, public interest transparency, and formal record under the **Public Sector Equality Duty**.

SUBMISSION INDEX

No.	Title	Date	Description / Purpose
1	Stage 3 Escalation Letter	30 Oct 2025	Formal Stage 3 escalation submitted to HMCTS and the MoJ detailing continuing deflection and failure to engage with administrative and equality-law breaches.
2	Final Notice and Continuing Deflection (Exhibit NZ-U)	31 Oct 2025	Narrative statement following the Stage 3 submission, summarising ongoing institutional deflection and failure to engage . Places the MoJ and HMCTS formally on notice regarding continuing breaches of equality and procedural duties.
3	Annex B: Misclassification Background Note	30 Oct 2025	Chronology of repeated misclassification of equality concerns as judicial issues, evidencing systemic accountability failure.
4	Court of Appeal Correspondence (Exhibit NZ-T)	29 Oct 2025	Letter from Master Bancroft-Rimmer / Mr Mohammed Hussain misclassifying equality-law issues under CPR 52.30.
5	Stage 2 Escalation Letter	29 Oct 2025	Formal escalation requesting senior-level intervention and equality-compliance review.
6	Pre-Action Protocol Letter + Annex A	20 Oct 2025	Initial Pre-Action Protocol notice outlining breaches of FPR Part 3A, the Equality Act 2010, and Article 6 ECHR.
7	Follow-Up Pre-Action Letter	21 Oct 2025	Follow-up to the Pre-Action Protocol letter emphasising unlawful revocation of participation measures post-trial.
8	Urgent Escalation Letter	28 Oct 2025	Emergency correspondence to HMCTS and MoJ regarding continuing deflection and absence of substantive response.
9	Letter to Autism Act 2009 Committee	24 Oct 2025	Submission to the House of Lords Autism Act Committee highlighting structural failures in enforcement of Part 3A duties and absence of accountability mechanisms.
10	Deflection Exhibits (NZ-U1 – NZ-U4)	28-30 Oct 2025	Supporting correspondence evidencing continued deflection: • CA-2024-001342-D Zahmoul v Zahmoul.pdf • Complaint – CA-2024-001342 (ref 76334099).pdf • Complaint (ref 76334099).pdf • Customer Feedback Portal.pdf

Section 1: Stage 3 Escalation Letter

(30 Oct 2025)

STAGE 3 ESCALATION LETTER

To:

Mr. Nick Goodwin, Chief Executive, HM Courts & Tribunals Service

Dr Jo Farrar CB OBE, Permanent Secretary, Ministry of Justice

Sarah Sackman MP, Minister of State for Courts and Legal Services

Alex Davies-Jones MP - Parliamentary Under-Secretary of State for Victims and Tackling
Violence Against Women and Girls

Cc:

Civil Appeals Registry, Court of Appeal

From:

Nadia Zahmoul

Email: nadia@rosekross.com

Case No: CA-2024-001342 / BV20D01752

Date: 30 October 2025

Subject: Stage 3 Escalation - Systemic Equality, Law Breach and Administrative Deflection

Dear all,

1. Purpose of This Escalation

I write to lodge a **Stage 3** escalation regarding the continuing non-response and misclassification of my Pre-Action correspondence dated 20 and 21 October 2025, and my Stage 2 escalation of 29 October 2025.

On 29 October 2025, I received a communication from the Court of Appeal (Mr Mohammed Hussain, on behalf of Master Bancroft-Rimmer) which reclassified my filings as an application to reopen under CPR 52.30.

That procedural interpretation does not address—and cannot lawfully displace—the administrative and equality-law breaches raised in my Pre-Action correspondence.

The Court's letter concerns only the narrow jurisdictional issue under CPR 52.30, whereas my complaint concerns the administration of justice, specifically:

1. Unlawful revocation of participation measures post-trial in breach of **FPR Part 3A**;
2. Failure to maintain equality adjustments despite continuing disabilities (**autism and PTSD**);
3. Systemic **mischaracterisation of disability-related behaviours** as misconduct or bad character;
4. Institutional neglect by HMCTS and the MoJ in monitoring compliance with accessibility duties; and
5. Deflection of accountability by classifying equality-law breaches as judicial matters, leaving no route of redress.

These are **administrative and operational** failures that fall squarely within HMCTS and MoJ responsibilities—not judicial discretion.

2. Background of the Case

I have formal diagnoses of Autism Spectrum Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD).

During the trial (19 - 28 February 2024), the High Court properly recognised my vulnerabilities and ordered participation measures under **FPR Part 3A**, including frequent breaks, restrictions on cross-examination, and pupil assistance in the witness box.

However, immediately after the trial concluded, all participation measures were revoked without notice, without a hearing, and without giving me an opportunity to be heard.

Between March and May 2024, I wrote repeatedly to the Court and to the respondent's counsel, explaining that I was experiencing a mental-health relapse and could not participate effectively without support. My requests were ignored.

By that time, my legal representation had ended (6 March 2025), leaving me completely unsupported as a litigant with recognised vulnerabilities.

Consequently, I was unable to participate in the post-trial stages - including the drafting of orders, submissions on costs, anonymization, and subsequent hearings - contrary to **FPR 3A.7–3A.9** and **PD3AA §§4.1–4.4**.

3. Mischaracterisation and Discriminatory Findings

The judgment of 18 April 2024 includes the following finding at paragraph 64:

“The wife’s belief that the husband has vast hidden assets is so powerfully held, and such was her urgent need to impress that belief on the court, that at times everything she wished to say on the matter tried to emerge at once, causing her very obvious distress... I am satisfied she has become **obsessed** with demonstrating that in the context of this litigation.”

This finding is unsupported by the oral evidence.

The trial transcript and attendance notes (NZ-R) record over twenty questions and references to my autism and PTSD during oral evidence. Despite this, the written judgment suppresses all reference to my disabilities and reinterprets my autistic communication traits - intensity, emotional expression, and difficulty regulating tone, movement, and language under stress - as “**obsession**” and character failure.

The Court was aware of my autism profile, having observed and accommodated it during the trial. It therefore knew, or ought to have known, that my communication and information-processing style were typical of an autistic profile, not evidence of bad character or mental instability.

This reasoning is discriminatory and contrary to the duties imposed by **FPR Part 3A, the Equality Act 2010 (ss.20 and 29), and Article 14 ECHR**.

The costs order of 24 May 2024 compounds this disability discrimination, attributing legal costs to “**disruptive behaviour in the court room**”. This finding is unsupported by the oral evidence, and the judgement fails to mention my PTSD and autism symptoms and the impact of cognitive overload and anxiety on my presentation. The judgment of 8 May 2025 similarly characterizes me as “**obstructive**” and penalizes me.

The result is a judicial record that transforms my disabilities into false evidence of misconduct and bad character.

4. Failure of Institutional Response

Despite multiple submissions (20, 21, 28, and 29 October 2025), no acknowledgment or substantive response has been received from either **HMCTS** or the **MoJ**.

The only correspondence originated from the Court of Appeal, which addressed procedural matters under CPR 52.30 but not the equality and accessibility breaches raised.

This failure constitutes a continuing breach of the **MoJ's Public Sector Equality Duty (s.149 Equality Act 2010)** and **HMCTS's Reasonable Adjustments Policy**.

By refusing to engage administratively, both bodies have effectively denied me equal access to justice and **deprived me of the statutory protections Parliament intended for disabled litigants**.

5. Legal and Procedural Context

Under **FPR Part 3A** and **PD3AA**, the **Court** and **HMCTS** have a joint duty to identify, implement, and maintain participation measures for vulnerable parties throughout the **entirety of the proceedings**.

This duty extends beyond the trial to the making of orders, costs determinations, enforcement steps, and appeal proceedings.

The unlawful withdrawal of such measures after 6 March 2024 - when my legal representation ended - resulted in a downward mental health spiral and my complete procedural exclusion.

The resulting orders (18 April 2024, 24 May 2024, 8 May 2025) are **procedurally unsafe and discriminatory**.

This is not a judicial matter but an **administrative and policy failure under the oversight of HMCTS and the MoJ**.

6. Structural Deflection and Enforcement Gap

As detailed in **Annex B (Background Note: Misclassification of Equality-Law Breaches as Judicial Matters)**, equality-law complaints within the court system are routinely deflected into the judicial sphere.

This deflection prevents oversight, leaves disabled individuals without remedy, and perpetuates discrimination under the guise of judicial independence.

The enforcement gap has been acknowledged in evidence before the **House of Lords Autism Act 2009 Committee**. Minister of State for Care Stephen Kinnock MP confirmed in August 2025 that:

“There are no statutory powers of intervention... a failure could only be considered by the courts using judicial review.”

This statement underscores the governance flaw my case exposes: **there is no independent enforcement mechanism enabling vulnerable court users to challenge procedural discrimination when the courts themselves fail to comply with the law.**

7. Requested Actions

I now formally request that **HMCTS and the Ministry of Justice**:

1. Acknowledge this **Stage 3 escalation** in writing within **48 hours**.
2. Undertake a joint review (**Permanent Secretary** and **HMCTS Chief Executive**) to identify where and why procedural safeguards failed.
3. Provide a **substantive written response** within seven (7) days, addressing:
 - a) Whether any internal equality-compliance audit was conducted post – 24 May 2024;
 - b) What mechanism exists to enforce **FPR Part 3A** obligations post-trial;
 - c) What remedial or disciplinary action will be taken regarding this mishandling; and
 - d) What steps will be implemented to prevent recurrence.
 - e) Confirm that this matter will be referred to the **Equality and Human Rights Commission** for independent oversight.

- f) Acknowledge that **paragraph 64 of the 18 April 2024 judgment and paragraph xi of the 24 May 2024 costs order are unsubstantiated, discriminatory, and require formal correction or withdrawal.**

Failure to address these points will compel referral to the **Parliamentary and Health Service Ombudsman** and, if necessary, to **Parliament's Justice Committee** for systemic investigation.

8. Attachments

1. Stage 3 Escalation Letter and Annex B - Background Note: Misclassification of Equality-Law Breaches as Judicial Matters
2. Court of Appeal Correspondence (29 Oct 2025, Exhibit NZ-T)
3. Stage 2 Escalation Letter (29 Oct 2025)
4. Pre-Action Protocol Letter + Annex A (20 Oct 2025)
5. Follow-Up Letter (21 Oct 2025)
6. Urgent Escalation (28 Oct 2025)
7. Letter to the Autism Act 2009 Committee (24 Oct 2025)

Yours sincerely,

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

Case No: CA-2024-001342 / BV20D01752

Section 2: Final Notice and Continuing Deflection

Exhibit NZ - U

(31 Oct 2025)

FINAL NOTICE OF CONTINUING NON-COMPLIANCE

**Equality Act 2010 – Section 149 (Public Sector Equality Duty)
Family Procedure Rules Part 3A – Vulnerable Parties and Participation Measures**

Case No: CA-2024-001342 / BV20D01752

Date: 31 October 2025

From: Nadia Zahmoul

To:

Dr Jo Farrar CB OBE, Permanent Secretary of the Ministry of Justice

Mr. Nick Goodwin, Chief Executive, HM Courts & Tribunals Service

Sarah Sackman MP, Minister of State for Justice

Subject: Continuing Failure to Address Administrative and Equality-Law Breaches

Dear Mr. Goodwin, Dr Farrar, Ms. Sackman MP and Ms. Davies-Jones MP,

I refer to my Pre-Action Protocol letters of 20 and 21 October 2025, my Urgent Escalation of 28 October 2025, and my Stage 3 Escalation of 30 October 2025. To date, there has been no substantive or lawful response from either the **Ministry of Justice or HM Courts & Tribunals Service (HMCTS)**.

My Stage 3 escalation of 30 October 2025 was a formal **equality-law escalation and Pre-Action notice under the Equality Act 2010, FPR Part 3A, and Article 6 ECHR.**

The response received on 30 October 2025 from the **HMCTS User Investigations Team (Service Excellence and Delivery Division) (Ref 76334099)** wrongly categorised this correspondence as a customer-feedback complaint. That administrative misclassification constitutes a continuing failure to recognise and discharge the **Ministry's Public Sector Equality Duty (s. 149 Equality Act 2010)** and **HMCTS's operational duties to ensure accessibility for disabled court users.**

1. Nature of the Misclassification

The issues raised in my escalation are statutory, not discretionary. They concern:

- a) **Unlawful revocation** of participation measures post-trial,

- b) Failure to maintain reasonable adjustments under **FPR Part 3A and PD 3AA**,
- c) **Discriminatory mischaracterisation** of autism-related communication traits, and
- d) Institutional neglect in equality-compliance monitoring.

These matters fall under the **administrative responsibility of HMCTS and the MoJ**, not the judiciary, and **cannot lawfully be processed within the customer-service channel**.

2. Continuing Breach of Statutory Duties

Instead of addressing these statutory failures, **HMCTS** has repeatedly deflected the matter by reclassifying my equality complaints as “judicial decisions” or “customer feedback”. These responses evade the clear administrative and operational duties imposed on the **Ministry** and **HMCTS** under domestic and international law.

By diverting this matter into a generic complaint process, **HMCTS** has again avoided substantive engagement with its legal obligations under:

- a) **Equality Act 2010**, ss. 20, 29 and 149 (Public Sector Equality Duty),
- b) **Family Procedure Rules Part 3A and Practice Direction 3AA** (duty to identify and maintain participation measures for vulnerable parties); and
- c) Article 6 **ECHR** (right to a fair hearing and effective participation).

This constitutes ongoing maladministration and a denial of my right to an effective administrative remedy.

3. Immediate Action Required

Unless a substantive response is received within **seven (7) days** of this notice - specifically addressing the administrative breaches and confirming what remedial steps will be taken - I will proceed to:

- a) Initiate **Judicial Review** proceedings against **HMCTS** and **the Ministry of Justice** for breach of statutory duty and procedural unfairness;
- b) Refer the matter to the **Equality and Human Rights Commission** (EHRC) for investigation under its enforcement powers; and

- c) Notify the **Parliamentary and Health Service Ombudsman** of maladministration and failure of the Public Sector Equality Duty.

4. Purpose of this Notice

This notice formally places the **Ministry of Justice** and HMCTS on record that continued non-engagement constitutes **ongoing unlawful conduct under the Equality Act 2010 and represents a systemic denial of access to justice for disabled and neurodivergent court users.**

I therefore request written acknowledgment within **48 hours** and a full substantive reply within **seven (7) days**, confirming immediate escalation to the **Permanent Secretary's office**.

Yours sincerely,

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

**Section 3: Annex B – Background Note: Misclassification of Equality-Law Breaches as
Judicial Matters**

(30 Oct 2025)

Annex B – Background Note: Misclassification of Equality-Law Breaches as Judicial Matters

Case Reference: CA-2024-001342 / BV20D01752

Prepared by: Nadia Zahmoul

Date: 30 October 2025

1. Structural Deflection Mechanism

When a litigant raises issues such as procedural unfairness, revocation of participation measures, or failure to provide reasonable adjustments, **HM Courts & Tribunals Service** (HMCTS) and the **Ministry of Justice** (MoJ) routinely classify them as judicial decisions.

This categorisation removes them from administrative review because judicial decisions fall under the doctrine of judicial independence. The standard **HMCTS** reply - “we cannot intervene in judicial decisions” - thereby closes the complaint without consideration of accessibility or equality obligations.

Such treatment is legally and procedurally wrong where the complaint concerns **administrative or operational** acts of omission, not the judge’s exercise of discretion. It has the effect of **deflecting legitimate Equality Act 2010 and FPR Part 3A** complaints from scrutiny and denies disabled court users any administrative route to redress.

2. Why This Classification Is Wrong in This Case

The correspondence of 20 and 21 October 2025 and subsequent escalations concern:

1. **Unlawful revocation** of participation measures post-trial;
2. **Failure** to maintain adjustments for autism and PTSD;
3. **Mischaracterisation** of disability-related behaviours as misconduct;
4. Systemic neglect by **HMCTS** and **the MoJ** in monitoring equality compliance; and
5. Absence of any mechanism to enforce **Part 3A** post-trial.

These are operational and policy matters for which **HMCTS** and **MoJ** bear responsibility under **section 149 Equality Act 2010 (Public Sector Equality Duty)**.

Judicial independence does not extend to administrative failures to implement or maintain required measures.

3. Legal Consequences of Misclassification

This practice produces the “**enforcement gap**” acknowledged in August 2025 evidence before the **House of Lords Autism Act Committee**. **Minister of State for Care Stephen Kinnock MP** confirmed:

“There are no statutory powers of intervention... a failure could only be considered by the courts using judicial review.”

Accordingly, when courts themselves breach participation duties, no independent body can intervene. The result is a closed loop: **HMCTS** refuses complaints as “judicial,” the **MoJ** disclaims responsibility, and judicial review - costly and inaccessible - becomes the sole theoretical remedy. **Procedural discrimination** therefore remains unremedied.

4. Institutional Motives Behind Deflection

The persistence of this misclassification appears institutionally driven by:

1. Risk avoidance – Acknowledging administrative failure would expose **HMCTS/MoJ** to Equality Act liability.
2. Boundary protection – Invoking judicial independence shields operational shortcomings from scrutiny.
3. Precedent control – Recognising administrative enforceability of **Part 3A** would compel systemic reform and oversight across all jurisdictions.

5. Distinguishing Judicial and Administrative Responsibility

Under FPR Part 3A and PD 3AA:

1. Judges must identify vulnerability and order suitable participation measures;
2. **HMCTS** must implement and sustain those measures administratively; and
3. The **MoJ** must monitor and ensure compliance through its equality and policy functions.

HMCTS’s withdrawal or failure to maintain such measures is an operational breach, not a judicial act. By merging these distinct responsibilities, **HMCTS** and **MoJ** deprive vulnerable parties of any mechanism to challenge procedural exclusion.

6. Broader Implications and Required Reform

This misclassification exposes a **structural governance flaw**. Although the law on paper provides participation protections, **they are functionally unenforceable because the same institutions responsible for compliance determine their own accountability.**

The Zahmoul v Zahmoul case demonstrates the urgent need for:

1. A statutory, independent oversight body empowered to enforce **FPR Part 3A and Equality Act** duties;
2. A clear administrative boundary between judicial discretion and operational compliance; and
3. A rapid, accessible **enforcement mechanism** for **disabled and neurodivergent litigants** to secure participation support and equality adjustments.

Summary

Current **HMCTS/MoJ** practice converts equality-law breaches into “judicial” matters, neutralising accountability and **depriving autistic and disabled court users of the protections Parliament intended under the Equality Act 2010, the Autism Act 2009, and FPR Part 3A**. This systemic deflection constitutes a governance failure within the administration of justice.

Section 4: Court of Appeal Correspondence (Exhibit NZ-T)

(29 Oct 2025)

Subject: CA-2024-001342-D Zahmoul v Zahmoul
Date: Wednesday, October 29, 2025 at 5:16:52 AM Mountain Daylight Time
From: Civil Appeals - CMSB <civilappeals.cmsB@justice.gov.uk>
To: Nadia <nadia@rosekross.com>

Good Afternoon

Your papers were referred to the Master Bancroft-Rimmer, of the Court of Appeal who has asked me to inform you of the following:

“You have filed an application notice seeking to reopen the decision of Lord Justice Moylan dated 23 December 2024 and the decision of Lady Justice King dated 4 August 2025. In addition, you apply to strike out parts of a High Court judgment and order, permission to rely on attendance notes and reinstatement of participation measures.

The order of Lady Justice King dated 4 August 2025 refused your first application to reopen the order of Lord Justice Moylan dated 23 December 2024. Pursuant to CPR 52.30(7) an order of a judge on an application to reopen is final and there is no right of appeal or review. It is not possible to reopen an order refusing an application to reopen so this part of your application notice should be removed.

If you wish to pursue a second application to reopen the order of Moylan LJ dated 23 December 2025 you must file:

- an amended application notice seeking permission to re-open, pursuant to CPR 52.30;
- Fee of £626 or an application for Help with Fees;
- if your application is based on fresh evidence which was not before Lord Justice Moylan or Lady Justice King on your first application to reopen, you should file a paginated and indexed bundle comprising the fresh evidence. The fresh evidence should be clearly marked as “FRESH EVIDENCE”.

Your application cannot be issued until the above directions are complied with. You must file everything that you wish to rely on before the application is issued as there will be no opportunity to add to the papers once your application is issued. You should note that there is no jurisdiction to deal with the other parts of your application (in relation to strike out, attendance notes and participation measures) unless the Court makes an order reopening your application for permission to appeal.

Once issued this application will be referred to a Lord Justice for consideration on paper only. You will receive no further notification from this office until you are advised of his decision.

If your application is refused there is no further right to have the matter reconsidered at an oral hearing (please see the Court of Appeal decision in *Taylor v Lawrence* [2002] EWCA Civ 90 and CPR 52.30)."

Kind regards,

Mohammed H Hussain

Private Law - Administrative Officer

Court of Appeals (Civil Division), Private Law - CMSB |

Rm. E328 | Royal Courts of Justice|Strand|London|WC2A 2LL|DX 44456 Strand

T: 020 7947 7676

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Section 5: Stage 2 Escalation

Letter (29 Oct 2025)

STAGE 2 ESCALATION LETTER

To:

Nick Goodwin – Chief Executive, HM Courts & Tribunals Service

Dr Jo Farrar CB OBE – Permanent Secretary, Ministry of Justice

Sarah Sackman MP - Minister of State for Courts and Legal Services

Alex Davies-Jones MP - Parliamentary Under-Secretary of State for Victims and Tackling Violence Against Women and Girls

Cc: Civil Appeals Registry – Court of Appeal

From:

Nadia Zahmoul

Email: nadia@rosekross.com

Case No: CA-2024-001342 / BV20D01752

Date: 29 October 2025

Subject: Stage 2 Escalation – Misclassification and Non-Response to Pre-Action Correspondence (CA-2024-001342 / BV20D01752)

Dear all,

I submit this **Stage 2** escalation under the HMCTS Complaints and Escalation Policy and the Pre-Action Protocol for Judicial Review, following the mishandling and non-response to my Pre-Action correspondence dated 20 and 21 October 2025 and my Urgent Escalation Letter of 28 October 2025.

These communications raised matters of administrative failure, equality-law breach, and procedural bias, not a judicial complaint. Despite being clearly identified as Pre-Action correspondence, they were misclassified by HMCTS as a judicial complaint, preventing a

substantive response. This constitutes maladministration and non-compliance with statutory equality duties.

1. Administrative and Equality Duties Engaged

The MoJ and HMCTS, as public authorities, are bound by:

- **Family Procedure Rules 2010, Part 3A and PD 3AA** – duty to identify and maintain participation measures for vulnerable parties;
- **Equality Act 2010, ss. 20, 29 and 149** – reasonable adjustments, non-discrimination, and the **Public Sector Equality Duty**;
- **Articles 6 and 14 ECHR** – fair trial and non-discrimination.

My case demonstrates that the High Court revoked participation measures post-trial without notice, without a hearing, and without regard for my disabilities despite its prior acknowledgment of my Autism and PTSD. The failure to maintain these measures breached **FPR 3A.7–3A.9 and PD 3AA §§ 4.1–4.4**.

After my legal representation ended (6 March 2024) no intermediary or procedural support was provided. Repeated written requests for help - explaining that I was in crisis and unable to manage draft orders and cost orders - were ignored.

2. Mischaracterisation and Discriminatory Reasoning

The judgment of 18 April 2024 includes findings that misrepresent Autism-related behaviours as **misconduct**.

Paragraph 64 states:

“The wife’s belief that the husband has vast hidden assets is so powerfully held, and such was her urgent need to impress that belief on the court, that at times everything she wished to say on the matter tried to emerge at once, causing her very obvious distress... I am satisfied she has become obsessed with demonstrating that in the context of this litigation.”

This finding is uncorroborated by the oral evidence (Exhibit NZ-R) and ignores the court’s awareness of my autistic communication profile—narrow focus, repetitive reasoning, sensory distress, and difficulty under adversarial pressure. Participation measures were in place during

trial, yet these were suppressed from the judgment and replaced with unsubstantiated findings of bad character.

Such reasoning constitutes **procedural bias, indirect discrimination**, and a **breach of the duty of equal participation** under **FPR Part 3A** and the **Equality Act 2010**.

3. Misclassification by HMCTS and Failure to Engage

On 28 October 2025 I was informed that HMCTS treated my Pre-Action submissions as a routine judicial complaint. This is factually and procedurally incorrect. My correspondence concerns administrative and systemic failures within HMCTS and the MoJ—not judicial decisions.

This continuing failure to engage demonstrates institutional avoidance of accountability for administrative acts and omissions squarely within HMCTS's remit.

4. Requested Institutional Actions

Accordingly, I respectfully request that:

- a) This escalation be reviewed at senior management level under Stage 2 procedures;
- b) The MoJ and HMCTS issue a written acknowledgment of administrative and equality breaches, with a formal apology;
- c) A policy review be commenced to ensure continuing enforcement of participation measures post-trial;
- d) A substantive written response be issued within seven (7) days of this letter.

Attached Documentation

1. Stage 2 Escalation Letter (29 Oct 2025)
2. HMCTS Correspondence & Rebuttal Summary
3. Pre-Action Protocol Letter + Annex A (20 Oct 2025)
4. Follow-Up Letter (21 Oct 2025)
5. Urgent Escalation Letter (28 Oct 2025)
6. Letter to Autism Act 2009 Committee (24 Oct 2025)

This escalation concerns the institutional responsibility of HMCTS and the MoJ for ensuring equal access to justice. I therefore request urgent review and written confirmation that these issues will be addressed at policy and operational level.

Yours sincerely,

Nadia Zahmoul

Email: nadia@rosekross.com

Case No: CA-2024-001342 / BV20D01752

Section 6: Pre-Action Protocol Letter + Annex A

(20 Oct 2025)

Pre-Action Protocol Letter

To:

Ministry of Justice (MoJ)

Her Majesty's Courts and Tribunals Service (HMCTS)

From: Nadia Zahmoul

Date: 20 October 2025

Subject: Formal Pre-Action Notice – Procedural Unfairness, Disability Discrimination & Systemic Failures in the Administration of Justice

Table of Contents

1. Introduction
2. Background
3. Procedural Failures and Equality Breaches
4. Judicial and Administrative Oversight Failures
5. Public Interest and Systemic Accountability
6. Relief and Remedy Sought
7. Parallel Proceedings
8. Next Steps and Notice

Annex A – Breaches of the Autism Act 2009 and Related Equality Duties

1. Introduction

This letter gives formal notice under the **Pre-Action Protocol for Judicial Review** and the **Equality Act 2010**.

It concerns multiple and continuing failures by **HMCTS** and the **Ministry of Justice**, whose officers and contracted agents have not fulfilled their statutory and procedural duties to ensure fairness, equality, and accessibility for disabled court users.

2. Background

I am a disabled litigant with confirmed diagnoses of **Autism Spectrum Condition (2025)** and **Post-Traumatic Stress Disorder (2013)**.

Between 2024 and 2025, I was involved in family proceedings before the High Court (Justice MacDonald) and subsequent appeals to the Court of Appeal.

Despite the courts' express awareness of my vulnerabilities and repeated medical confirmation, participation measures under **FPR Part 3A** were either inconsistently applied, prematurely revoked, or entirely ignored post-trial.

These failings culminated in discriminatory findings, procedural irregularities, and denial of my Article 6 ECHR right to a fair trial.

The outcome represents not a personal disagreement with judgment but a **systemic breakdown in how the justice system handles vulnerable and neurodivergent parties**, amounting to institutional discrimination and breach of statutory duty.

3. Procedural Failures and Equality Breaches

A non-exhaustive summary of breaches is set out below.

For detailed evidential references, see **Application for Review and Correction (CA-2024-001342)**.

Category	Description of Failure	Breach of Authority
Identification of Vulnerability	No proper assessment or record made under FPR 3A.5–3A.6.	FPR Part 3A / PD 3AA §§3–4
Continuity of Measures	Participation measures ended post-trial without review.	FPR 3A.7–3A.9; Equality Act 2010 s.20
Judicial Reasoning	Vulnerabilities omitted from written judgments; replaced by character findings (“obsessive”, “disruptive”).	Article 6 & 14 ECHR; Equality Act 2010 s.29

Category	Description of Failure	Breach of Authority
Medical Evidence	Reports by Dr Poyer (Mar 2025), Prof Libby (2022 & 2024) ignored or mischaracterised.	FPR 3A / PD 3AA; Fairclough v MoJ [2021] EWCA Civ 143
Administrative Handling	HMCTS failed to implement communication adjustments or accept digital filing formats despite requests.	Equality Act 2010 s.20 (Reasonable Adjustments)
Transparency & Records	Refusal to provide recorded transcript despite material relevance.	CPR 52.30; Article 6 ECHR
Accountability	No investigation or review by MoJ or HMCTS Equality Leads despite formal complaints.	Public Sector Equality Duty s.149 EA 2010

These omissions amount to **systemic failure of disability governance**, not merely judicial discretion.

4. Judicial and Administrative Oversight Failures

The Ministry of Justice and HMCTS bear statutory responsibility for:

- ensuring accessibility of courts and procedural fairness for disabled users;
- implementing the **Public Sector Equality Duty (s.149 EA 2010)**; and
- ensuring that judicial and administrative decision-making aligns with the **Autism Act 2009**, the **Equality Act 2010**, and the **Human Rights Act 1998**.

Both the High Court and the Court of Appeal failed to apply the **continuing duty** under FPR Part 3A beyond the courtroom.

The post-trial revocation of measures and refusal to adjourn proceedings during acute relapse (supported by Dr Poyer's March 2025 report) further demonstrate institutional inflexibility and disregard for medical evidence.

5. Public Interest and Systemic Accountability

This case is not an isolated matter but a **test case for systemic reform**.

It demonstrates how procedural rules and equality duties break down in practice, leaving autistic and disabled parties exposed to injustice and misrepresentation.

The issues raised fall squarely within the public interest:

- compliance with **FPR Part 3A** and **PD 3AA**;
- the implementation of the **Autism Act 2009**;
- and the duties of the MoJ and HMCTS under the **Equality Act 2010**.

Given the apparent institutional cover-up of these failings, external scrutiny by Parliament, the media, and advocacy organisations is essential to restore public confidence and accountability.

6. Relief and Remedy Sought

1. Formal acknowledgment of breach of the Equality Act 2010 and FPR Part 3A duties;
2. Written apology from HMCTS and the MoJ for failures of procedure and support;
3. Immediate policy review to ensure consistent implementation of Part 3A participation measures and autism adjustments;
4. Inclusion of these issues in the **Autism Act 2009 Committee's current review** of justice accessibility;
5. Compensatory or restorative steps for loss of fair hearing rights.

7. Parallel Proceedings

This correspondence accompanies and complements the **Application for Review and Correction (CA-2024-001342)** filed with the Court of Appeal.

The judicial application seeks redress within the appellate framework; this Pre-Action Letter concerns the **systemic and administrative accountability** of the MoJ and HMCTS.

Both routes are pursued concurrently to ensure transparency, given the judiciary's reluctance to acknowledge procedural wrongdoing.

8. Next Steps and Notice

Under the Pre-Action Protocol, I invite a **substantive response within 14 days** of receipt, indicating the steps the MoJ and HMCTS intend to take.

Should no satisfactory response be received, I reserve the right to commence proceedings for **Judicial Review and/or discrimination under the Equality Act 2010**.

Please confirm acknowledgment and designate a contact point for further correspondence.

Updated medical evidence relating to my recent relapse (since 26 September 2025) is available upon request.

Yours faithfully,

Signed: Nadia Zahmoul

Nadia Zahmoul

Email: Nadia@rosekross.com Date: 20 October 2025

Annex A – Breaches of the Autism Act 2009 and Related Equality Duties

1. Statutory Framework

The **Autism Act 2009** requires the Secretary of State to promote a national strategy for improving autism services and ensuring that public bodies implement reasonable adjustments for autistic individuals.

The **Public Sector Equality Duty (s.149 EA 2010)** further obliges all public authorities to eliminate discrimination and advance equality of opportunity.

2. Breaches Identified

1. **Failure to Provide Reasonable Adjustments:** Autism-specific measures recommended by clinicians (Dr Cheung, Prof Libby) were ignored.
2. **Failure to Train and Supervise Court Staff:** HMCTS did not ensure that staff handling communications with autistic litigants were appropriately trained.
3. **Failure to Implement Autism Strategy Within Justice Settings:** Contrary to the Statutory Guidance (2021 update to the Autism Act strategy).
4. **Failure to Ensure Data Collection and Monitoring of Adjustments:** No record kept of autism adjustments or follow-up reviews.
5. **Failure to Coordinate With Health Professionals:** No liaison with medical experts regarding participation needs before revoking measures.

3. Implications

These breaches illustrate systemic non-compliance with the Autism Act 2009 and Equality Act 2010, resulting in procedural unfairness, loss of trust, and institutional discrimination within the justice system.

The case is therefore submitted to the **Autism Act 2009 Select Committee** for consideration in its forthcoming review and recommendations.

Section 7: Follow-Up Pre-Action Letter – Unlawful Revocation of Participation

Measures (21 Oct 2025)

**FOLLOW-UP PRE-ACTION LETTER — UNLAWFUL REVOCATION OF
PARTICIPATION MEASURES, PROCEDURAL BIAS & DISABILITY
DISCRIMINATION**

Date: 21 October 2025

Court of Appeal Case No. CA-2024-001342

To:

Ministry of Justice — public.enquiries@justice.gov.uk

HM Courts & Tribunals Service — contacthmcts@justice.gov.uk

Civil Appeals Registry — civilappeals.registry@justice.gov.uk

Cc:

Rt Hon David Lammy MP — Lord Chancellor and Secretary of State for Justice

House of Lords — Autism Act 2009 Committee

Parliamentary Justice Committee

Bcc: Selected Peers, MPs, advocacy organisations, and media (for transparency)

1. Purpose of this Letter

This correspondence is issued under the Pre-Action Protocol to give formal notice of unlawful conduct by HM Courts & Tribunals Service (HMCTS) and the Ministry of Justice (MoJ) in the administration of DH v RH (No 3) [2024] EWFC 79 and DH v RH (No 4) [2024] EWFC 114.

It concerns:

1. The revocation of participation measures under FPR Part 3A without notice or review;
2. The suppression of disability evidence and biased characterisation of autism-related behaviour; and
3. The resulting discriminatory findings forming the basis for adverse costs and reputational harm.

These acts breach FPR Part 3A, PD 3AA, Equality Act 2010 (ss 20 & 29), and Articles 6 & 14 ECHR.

2. Legal Framework

- FPR 3A.2 & 3A.7–3A.9 — Courts must identify, record, and keep under review participation measures throughout proceedings.
- PD 3AA §§ 4.1–4.4 — The duty to review measures continues “throughout proceedings.”
- Equality Act 2010 ss 20–21 & 29 — Courts must anticipate and make reasonable adjustments.
- Articles 6 & 14 ECHR — Guarantee a fair hearing free from discrimination.
- Authorities: *Re S (Vulnerable Party)* [2022] EWFC 30; *English v Emery Reimbold* [2002] EWCA Civ 605; *Griffiths v SS for Work & Pensions* [2015] EWCA Civ 1265; *Fairclough v SS for Justice* [2021] EWCA Civ 143.

3. Chronology of Breach

Trial (19–28 Feb 2024). Justice MacDonald ordered participation measures — frequent breaks, restricted questioning, assistance in the witness box, screened seating. The transcript (NZ-R) records 22 references to PTSD and Autism.

Post-trial revocation. On or about 28 Feb 2024 all measures ceased without order, notice, or reassessment — contrary to FPR 3A.9(2). HMCTS later confirmed no order records the revocation.

Judgment 18 Apr 2024. 111 paragraphs; zero references to disability or Part 3A.

Paragraph 64 states:

“The wife’s presentation in the witness box on the issue of alleged non-disclosure bordered on the concerning. Her belief that the husband has vast hidden assets is so powerfully held, and such was her urgent need to impress that belief on the court from the witness box, that at times everything she wished to say on the matter tried to emerge at once, causing her very obvious distress. However, whilst I accept that the wife very firmly believes that the husband has tens of millions of pounds in assets hidden and, I am satisfied, has become obsessed with demonstrating that in the context of this litigation, I must conclude that that belief is not borne out by the evidence before the court.”

The transcripts of oral evidence disproves this: distress in the witness box reflects autism-related overload, not obsession. Removing all disability context created an evidentiary vacuum that enabled a fabricated inference of bad character.

Furthermore, the transcripts of oral evidence show that the question of “hidden assets” was put to the Applicant only once during cross examination:

Opposing Counsel: *“Let’s move on to what you do think is important, the undisclosed assets. Do you think this is important?”*

NZ: *“Not strictly true, what is important is freedom from everything and justice.”*

Costs Order 24 May 2024. Paragraph 10(xi) found “*the wife’s behaviour ... disruptive ... her litigation misconduct is at the extreme end of the scale.*” This flows directly from the same mischaracterisation.

Appeal 2024–2025. The Court of Appeal endorsed those findings without engaging the equality issues, thus ratifying bias and procedural unfairness.

4. Legal Breaches

Duty / Provision	Breach	Consequence
FPR 3A.7–3A.9 & PD 3AA §4	Failure to maintain and review participation measures	Denial of equal participation
Equality Act 2010 ss 20 & 29	Failure to adjust; adverse treatment of disability behaviour	Direct / indirect discrimination
Articles 6 & 14 ECHR	Failure to ensure effective participation	Procedural unfairness
Common law fairness	Suppression of material evidence	Biased judgment; unsafe findings

Indicators of Bias

1. Deletion of all disability references from judgment.
2. Insertion of pejorative terms (“obsessed,” “disruptive”).
3. Attributing courtroom distress to moral failing rather than impairment.
4. Costs linked explicitly to autism/PTSD manifestations.

A fair-minded observer (*Porter v Magill* [2002] 2 AC 357) would see a real possibility of bias.

Consequences

The revocation and mischaracterisation:

- rendered the proceedings procedurally voidable;
- produced discriminatory cost orders; and
- caused severe mental-health relapse (Dr Poyer 2025; Dr Hayse 2025).

A seven-day extension was not a reasonable adjustment for autism or PTSD; it did not ensure participation or equality of arms.

Requested Institutional Action

Within 13 days, the MoJ and HMCTS are requested to:

1. **Acknowledge receipt** and formally recognise breaches of **FPR Part 3A, PD 3AA, and ss 20 & 29 Equality Act 2010.**
2. **Issue a written apology** for failures of procedure, support, and reasonable adjustment.
3. **Open an internal investigation** into the unlawful revocation of participation measures after the February 2024 trial.
4. **Confirm whether any audit or oversight process exists** to ensure continuing compliance with FPR 3A after the conclusion of the trial, including review of judgments and orders where measures have been withdrawn or ignored.
5. **Establish a formal, independent enforcement mechanism** allowing vulnerable parties to request, review, and challenge non-compliance with participation measures and obtain immediate relief through independent oversight.
6. **Undertake a policy review** to secure consistent implementation of Part 3A measures and autism adjustments across all courts.
7. **Provide training and guidance** for judges and staff to recognise neurodivergent and trauma-related behaviours and distinguish them from misconduct.

8. **Include this case in the Autism Act 2009 Committee** review of access to justice and recommend creation of an enforcement mechanism for FPR Part 3A.
9. **Consider compensatory or restorative measures** for the loss of fair-hearing rights and resulting harm.
10. **Confirm accountability** within HMCTS and the judiciary for the suppression of disability evidence and state what measures will prevent recurrence.
11. **Acknowledge that the cumulative procedural and equality failures rendered the original proceedings unsafe.** The Applicant reserves her right to seek a re-trial or full rehearing before an impartial tribunal with appropriate participation measures in place, should the Ministry and HMCTS fail to provide an adequate remedy.
12. **Confirm what review or corrective mechanism exists for discriminatory or procedurally defective judicial findings. In particular, the Applicant seeks removal or correction of paragraph 64 of the judgment of 18 April 2024 and paragraph 10(xi) of the costs order of 24 May 2024,** which are unsupported by the evidence and result directly from the suppression of her diagnosed disabilities.

Public Accountability

This is a matter of **public interest** and **constitutional importance**. The MoJ and HMCTS are responsible for ensuring justice for disabled litigants. This letter is therefore shared with Parliament and the media to ensure transparency and scrutiny.

Sincerely,

Signed: *Nadia Zahmoul*

Nadia Zahmoul

Court of Appeal Case No. CA-2024-001342

Email: nadia@rosekross.com

Section 8: Urgent Escalation Letter – Procedural and Equality

Breaches (28 Oct 2025)

URGENT ESCALATION – Non-Response and Systemic Breach of FPR Part 3A / Equality Act 2010

Case: CA-2024-001342 / BV20D01752

From: Ms Nadia Zahmoul (Litigant in Person) – Autism Spectrum Condition; PTSD

Date: 28 October 2025

To:

Permanent Secretary, Ministry of Justice

Chief Executive, HM Courts & Tribunals Service

Cc:

Civil Appeals Registry (Court of Appeal – Family)

Government Legal Department (for MoJ)

Secretary of State for Justice (The Rt Hon David Lammy MP)

Judicial Office

Autism Act 2009 Committee Secretariat

Dear Sir / Madam,

I write to escalate formally the matters raised in my Pre-Action Protocol Letter (20 October 2025) and Follow-Up Letter (21 October 2025) regarding serious procedural and equality breaches by the Ministry of Justice and HMCTS. To date, I have received no acknowledgment or response, contrary to the Pre-Action Protocol for Judicial Review and the duty of good administration.

This escalation concerns the unlawful revocation of Part 3A participation measures following the February 2024 trial and the suppression of autism- and PTSD-related evidence within the High Court's judgment and subsequent costs order. The Court's reasoning mischaracterised disability-related behaviour as misconduct ("obsessive" and "disruptive") despite extensive trial references to participation measures and vulnerabilities. These findings are uncorroborated by the oral

evidence and amount to procedural bias and discrimination under the Equality Act 2010, FPR Part 3A, and Articles 6 & 14 ECHR.

The Care Quality Commission confirmed on 24 October 2025 (Ref CAS-1128363-L9T8X4) that it has no jurisdiction over MoJ or HMCTS, evidencing the complete absence of an independent enforcement mechanism when the justice system fails to comply with disability duties.

- I therefore request, within **seven (7) days**:
- Acknowledgment and full written response to my 20 and 21 October letters;
- Formal admission of failure to maintain participation measures post-trial and a written apology;
- Confirmation of a review or audit process ensuring compliance with FPR Part 3A beyond the trial stage;
- Support for striking paragraphs 64 and 10(xi) from the judgments and reinstating proper participation measures; and
- Engagement with the Autism Act 2009 Committee to establish an independent enforcement mechanism for vulnerable court users.

Please treat this as a formal escalation notice. Copies are provided to the Court of Appeal, Judicial Office, and Autism Act Committee for oversight and accountability.

Yours faithfully,

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

Case No: CA-2024-001342 / BV20D01752

**Section 9: Letter to the Autism Act 2009 Committee (House of
Lords) (24 Oct 2025)**

LETTER TO BARONESS ROCK – AUTISM ACT 2009 COMMITTEE

(Submission concerning systemic failures in implementation of the Autism Act 2009 and FPR

Part 3A)

Nadia Zahmoul
Email: nadia@rosekross.com
Date: 24 October 2025

To:
Baroness Rock
Chair, Autism Act 2009 Committee
House of Lords
London SW1A 0PW

Subject: Systemic Failures in the Implementation of FPR Part 3A and the Autism Act 2009:
Request for Inclusion in the Committee's Final Report

Dear Baroness Rock,

I write to submit evidence to the Autism Act 2009 Committee concerning systemic failures in the family-justice system's compliance with the **Autism Act 2009**, the **Equality Act 2010**, and the Family Procedure Rules Part 3A ("**FPR 3A**"). My case exemplifies how the courts' disregard for participation duties toward autistic and vulnerable parties results in unlawful discrimination and denial of a fair trial.

Although the Committee's deadline for evidence has passed, I respectfully request that this submission be accepted for inclusion in the final report, as it provides direct, material evidence of the enforcement gap acknowledged by Ministers.

The issues it raises go to the heart of the Committee's inquiry and demonstrate the urgent need for enforceable safeguards and independent oversight in the administration of justice for autistic people.

My experience shows how, in the absence of an actionable mechanism for enforcement, the protections envisaged by the Autism Act 2009 remain theoretical. The Family Court's failure to

uphold my participation rights under **FPR Part 3A** and the **Equality Act 2010** led to discriminatory findings, an unbalanced trial process, and irreversible harm.

I remain available to provide oral or written evidence at short notice.

1. Procedural Background

I was a litigant in person before the High Court (Family Division) and later the Court of Appeal. Both courts had confirmed that I have diagnosed Autism Spectrum Condition (ASC) and Post-Traumatic Stress Disorder (PTSD), supported by extensive medical evidence. Participation measures were granted at trial under **FPR 3A** and **PD 3AA**, including regular breaks, limits on cross-examination, and the presence of a support person.

After the final hearing in February 2024, however, all participation measures were revoked without notice or review, contrary to **FPR 3A.7 – 3A.9** and **PD 3AA §§ 4.1 – 4.4**. This unlawful withdrawal of adjustments rendered me unable to participate effectively in the post-trial and costs proceedings. The court ignored my repeated written requests for an intermediary, communication assistance, or clarification of procedural steps. I was left without legal representation after 6 March 2024, and my emails to the court and opposing counsel, explaining my inability to function due to relapse and distress, went unanswered. Despite clinical confirmation that my impairments continued to affect my daily functioning, I was left without communication support or intermediary assistance.

This failure resulted in my exclusion from critical procedural steps, including submissions on costs and the drafting of final orders.

The trial record of oral evidence contains more than 20 references to my autism and PTSD, yet the post-trial process and judgments omitted all mention of my disabilities. The only “adjustment” afforded was a seven-day extension for submissions — a measure wholly inadequate for someone who, without an intermediary, could not meaningfully participate or even manage basic correspondence.

The subsequent judgments of 18 April 2024, 24 May 2024, and 8 May 2025 omitted all reference to my disabilities, despite their repeated acknowledgment during the trial itself.

2. Systemic Breach of the Continuing Duty under FPR Part 3A

FPR Part 3A imposes a continuing duty on the court to identify, implement, and review participation measures for vulnerable parties throughout the proceedings—not only during trial. By treating its duty as ending when oral evidence concluded, the court misapplied the law. The revocation of measures post-trial denied me the ability to understand, communicate, or take part in the ongoing process.

The result was not simply administrative oversight but procedural discrimination, contrary to **sections 20 and 29 of the Equality Act 2010** and **Articles 6 and 14 ECHR**. The Equality and Human Rights Commission's 2019 guidance (Fairness in Court Proceedings for Litigants with Disabilities) explicitly recognises that failure to maintain appropriate adjustments amounts to unlawful discrimination.

3. Mischaracterisation and Discriminatory Reasoning

The judgment of 18 April 2024 includes findings that **misrepresent disability-related behaviour as moral or character failings**.

Paragraph 64 states:

“The wife’s belief that the husband has vast hidden assets is so powerfully held, and such was her urgent need to impress that belief on the court, that at times everything she wished to say on the matter tried to emerge at once, causing her very obvious distress... I am satisfied she has become **obsessed** with demonstrating that in the context of this litigation.”

The Court was fully aware of my autism profile and of the reasonable adjustments required to support my participation. The attendance notes and oral record show that the Court was aware

that I exhibit autistic traits of communication and information processing style: narrow and intense focus, heightened emotional expression under stress, rule-based reasoning, and repetitive verbal emphasis when attempting to clarify complex factual issues.

Despite this knowledge, paragraph 64 makes a finding that is uncorroborated by the oral evidence. There is no evidence that my belief regarding hidden assets was obsessive or irrational. Rather, my presentation was consistent with my diagnosed Autism Spectrum Condition and PTSD under adversarial pressure. The Court had all the evidence necessary to attribute my presentation in the witness box to my autism and PTSD, yet instead it misattributed my behaviour to **bad character** and **emotional instability** and made **adverse findings**.

This constitutes a fundamental mischaracterisation of disability-related behaviour, inconsistent with the medical record, the transcript, and the participation measures the Court itself had ordered. The suppression of all reference to my disabilities in the final judgments—despite more than twenty references to them during oral evidence—creates an evidential vacuum upon which unfounded and discriminatory findings were constructed. The deliberate omission of my diagnosed Autism and PTSD from the judgment created an artificial narrative of misconduct where none existed, reversing the meaning of my vulnerabilities into evidence of fault.

The resulting reasoning is inconsistent with the principles of fairness established in *Re S (Vulnerable Party: Fairness of Proceedings)* [2022] EWFC 30 and *English v Emery Reimbold & Strick Ltd* [2002] EWCA Civ 605, and represents a breach of **FPR Part 3A**, the **Equality Act 2010** (ss 20 and 29), and **Articles 6 and 14 ECHR**.

4. Ministerial Confirmation of the Enforcement Gap

This systemic gap was expressly confirmed by **Minister of State for Care Stephen Kinnock MP** in his August 2025 statement to your Committee:

“There are no statutory powers of intervention... a failure could only be considered by the courts using judicial review.”

This acknowledgement by the Minister demonstrates that the current statutory framework lacks both enforcement and remedy, leaving autistic litigants without recourse when the justice system itself fails.

This statement captures the very problem my case exposes — that autistic and disabled individuals have no practical route of redress when the courts themselves fail to meet their duties. Judicial review is neither accessible nor timely for vulnerable parties already facing procedural exclusion.

5. Core Insight and Takeaway

The law on paper does not translate into protection in practice. The **Autism Act 2009** and **FPR Part 3A** provide a framework, but no mechanism of enforcement. My case demonstrates that once participation measures are revoked or ignored, there is no rapid mechanism for relief — no independent body to intervene, no accountability framework, and no sanction for non-compliance.

Without an actionable mechanism, the law's safeguards remain theoretical, and justice for vulnerable and neurodivergent individuals remains contingent on judicial discretion rather than enforceable right.

6. Request for Action

In light of the above, I respectfully request that the Committee:

1. Include this evidence in the Committee's final report as an example of systemic failure under the **Autism Act 2009** and **FPR Part 3A**;

2. Acknowledge the enforcement gap and recommend creation of a formal mechanism enabling vulnerable parties to request, review, and challenge non-compliance with **FPR Part 3A**;

3. Recommend independent oversight—separate from HMCTS—to audit compliance and monitor reasonable adjustments;
4. Advise the Ministry of Justice to issue clear guidance recognising that judicial discretion does not override equality obligations; and
5. Recognise the public interest in ensuring that the courts themselves are subject to the same equality standards they are bound to apply.

7. Attachments

1. Pre-Action Protocol Letter (20 October 2025)
2. Follow-Up Letter (21 October 2025)
3. Application and Evidence Bundle (CA-2024-001342)
4. Relevant Judgments (18 April 2024; 24 May 2024; 8 May 2025) in the bundle.
5. Letter from the Minister of State for Care dated 5 August 2025 to the Chair of the Committee

Thank you for your attention to this matter. I remain available to provide oral or written evidence on short notice.

Yours sincerely,

(signed)

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

Date: 24 October 2025

Section 10: Continuing Deflection Summary

Exhibit NZ-U

(28-31 Oct 2025)

Purpose of Exhibit

This exhibit records the four institutional responses received following the Applicant's Stage 3 Escalation. Each communication demonstrates continued deflection by HMCTS and MoJ—reframing clear administrative and Equality Act breaches as *judicial matters* and diverting them to customer-feedback or complaints channels instead of triggering any equality-compliance process.

These responses evidence an ongoing breach of:

- **FPR Part 3A & PD3AA** – failure to maintain participation measures post-trial;
- **Equality Act 2010 s.20 and s.149** – failure to make and monitor reasonable adjustments and to meet the Public Sector Equality Duty; and
- **Article 6 ECHR** – denial of equal and effective access to justice.

Summary of Correspondence

Ref / Exhibit	Date	Originating Body / Author	Description of Deflection
NZ-U1	29 Oct 2025	Court of Appeal (Master Bancroft-Rimmer / Mr Mohammed Hussain)	Misclassified equality complaint as an application under CPR 52.30; no reference to FPR Part 3A or Equality Act duties.
NZ-U2	28 Oct 2025	HMCTS (Customer Feedback Team)	Treated substantive equality complaint as a “judicial decision issue” outside HMCTS scope; redirected to judiciary instead of administrative review.

Ref / Exhibit	Date	Originating Body / Author	Description of Deflection
NZ-U3	30 Oct 2025	MoJ (Customer Service Team)	Repeated HMCTS position; provided no mechanism for enforcement or redress under s.149 Equality Act.
NZ-U4	30 Oct 2025	HMCTS Customer Feedback Portal	Duplicate portal confirmation; no record of internal equality or accessibility assessment.

Observations

1. All four responses ignore the **administrative and equality-law dimension** of the complaint.
2. None acknowledge the statutory **continuing duty to maintain participation measures** post-trial.
3. The pattern of deflection substantiates the need for an **independent enforcement mechanism** for vulnerable litigants under Part 3A and the Equality Act 2010.

Attached Documents:

NZ-U1 – CA-2024-001342-D Zahmoul v Zahmoul.pdf

NZ-U2 – Complaint – CA-2024-001342 (ref 76334099).pdf

NZ-U3 – Complaint (ref 76334099).pdf

NZ-U4 – Customer Feedback Portal.pdf

Subject: CA-2024-001342-D Zahmoul v Zahmoul
Date: Wednesday, October 29, 2025 at 5:16:52 AM Mountain Daylight Time
From: Civil Appeals - CMSB <civilappeals.cmsB@justice.gov.uk>
To: Nadia <nadia@rosekross.com>

Good Afternoon

Your papers were referred to the Master Bancroft-Rimmer, of the Court of Appeal who has asked me to inform you of the following:

“You have filed an application notice seeking to reopen the decision of Lord Justice Moylan dated 23 December 2024 and the decision of Lady Justice King dated 4 August 2025. In addition, you apply to strike out parts of a High Court judgment and order, permission to rely on attendance notes and reinstatement of participation measures.

The order of Lady Justice King dated 4 August 2025 refused your first application to reopen the order of Lord Justice Moylan dated 23 December 2024. Pursuant to CPR 52.30(7) an order of a judge on an application to reopen is final and there is no right of appeal or review. It is not possible to reopen an order refusing an application to reopen so this part of your application notice should be removed.

If you wish to pursue a second application to reopen the order of Moylan LJ dated 23 December 2025 you must file:

- an amended application notice seeking permission to re-open, pursuant to CPR 52.30;
- Fee of £626 or an application for Help with Fees;
- if your application is based on fresh evidence which was not before Lord Justice Moylan or Lady Justice King on your first application to reopen, you should file a paginated and indexed bundle comprising the fresh evidence. The fresh evidence should be clearly marked as “FRESH EVIDENCE”.

Your application cannot be issued until the above directions are complied with. You must file everything that you wish to rely on before the application is issued as there will be no opportunity to add to the papers once your application is issued. You should note that there is no jurisdiction to deal with the other parts of your application (in relation to strike out, attendance notes and participation measures) unless the Court makes an order reopening your application for permission to appeal.

Once issued this application will be referred to a Lord Justice for consideration on paper only. You will receive no further notification from this office until you are advised of his decision.

If your application is refused there is no further right to have the matter reconsidered at an oral hearing (please see the Court of Appeal decision in *Taylor v Lawrence* [2002] EWCA Civ 90 and CPR 52.30)."

Kind regards,

Mohammed H Hussain

Private Law - Administrative Officer

Court of Appeals (Civil Division), Private Law - CMSB |

Rm. E328 | Royal Courts of Justice|Strand|London|WC2A 2LL|DX 44456 Strand

T: 020 7947 7676

PERMA model of positive wellbeing:

Positive Emotion, Engagement, Relationships, Meaning & Accomplishments

This e-mail and any attachments is intended only for the attention of the addressee(s). Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please destroy all copies and inform the sender by return e-mail. Internet e-mail is not a secure medium. Any reply to this message could be intercepted and read by someone else. Please bear that in mind when deciding whether to send material in response to this message by e-mail. This e-mail (whether you are the sender or the recipient) may be monitored, recorded and retained by the Ministry of Justice. Monitoring / blocking software may be used, and e-mail content may be read at any time. You have a responsibility to ensure laws are not broken when composing or forwarding e-mails and their contents.

Subject: Complaint - CA-2024-001342 (ref: 76334099)
Date: Tuesday, October 28, 2025 at 10:03:41 AM Mountain Daylight Time
From: HM Courts and Tribunals Service <replies@optic.justice.gov.uk>
To: Nadia <nadia@rosekross.com>

NOTE: Please do not edit the subject line when replying to this email.

Dear Ms Zahmouli

Thank you for your recent Pre-Action Protocol Letter dated 20 October 2025, follow up letter dated 21 October 2025 and follow up letter dated 28 October 2025

I am the Delivery Manager and I am acknowledging receipt but responding within our complaints process.

The HMCTS complaints procedure is intended for complaints regarding administrative functions. It is inappropriate to use the complaints procedure to challenge a judicial decision.

That saying, I see that you were informed as below on the 15 September 2025

Your papers were referred to the Jurisdiction Lawyer, Mrs Levey, of the Court of Appeal who has asked me to inform you of the following:

'I refer to the appellant's notice filed by you seeking permission to appeal the costs judgment of Mr Justice MacDonald dated 24 May 2024.

You have already sought permission to appeal the order dated 24 May 2024 arising from both the substantive judgment and costs judgment of Mr Justice MacDonald in this Court under case reference CA-2024-001342.

Your permission to appeal application was refused by order of Lord Justice Moylan on 23 December 2024.

Furthermore, your application for permission to re-open the decision of Lord Justice Moylan dated 23 December 2024 was refused by Lady Justice King by order dated 4 August 2025.

As it is not possible to appeal the same decision twice in this Court, no action will be taken on your appellant's notice.

This matter is at an end in this Court.'

Master Meacher reviewed the above direction and you were informed that the contents was correct on 22 September 2025.

Although clearly disappointing, this matter is now at an end and on this occasion, I have found no evidence of maladministration.

If you're unhappy with my response

HMCTS operates three stage complaints handling procedure. If you remain dissatisfied with our reply, you can ask a senior manager, Ray Harrison to review your complaint by replying to this email/by writing to the below address. You must explain simply and clearly what parts of the response you've received you do not agree with and would like reviewed.

Mr Ray Harrison
Operations Manager
Civil Appeals Office
Royal Courts of Justice,
Strand, London
WC2A 2LL

You must explain simply and clearly what parts of the response you've received you do not agree with and would like reviewed.

Yours sincerely,

S Walker

Sharon Walker
Delivery Manager
RCJ Civil Appeals Office, Civil Appeals | HMCTS | Civil Appeals Office, Royal Courts of Justice,
Strand, London WC2A 2LL

IMPORTANT NOTE: Please do not edit the subject line when replying to this email. Any emails sent to this email address (replies@optic.justice.gov.uk) that are not about your complaint will not reach their intended recipient and won't be replied to. If you need to submit an application or require an update on your case, this must be sent to the court or tribunal managing your case using their approved enquiries in-box. Contact details are available at [Find a court or tribunal - GOV.UK](#) (www.gov.uk).

Nadia Zahmouli

Subject: Complaint (ref: 76334099)

Date: Thursday, October 30, 2025 at 10:04:51 AM Mountain Daylight Time

From: HM Courts and Tribunals Service <customerinvestigations@optic.justice.gov.uk>

To: Nadia <nadia@rosekross.com>

NOTE: Please do not edit the subject line when replying to this email.

Dear Ms Zahmouli,

Thank you for escalating your complaint received on 30 October 2025 to the User Investigation Team. Whilst we usually aim to respond within 15 working days, we're currently experiencing high volumes of work, and you may have to wait longer than normal for a reply. You do not need to chase us for an update; your complaint has been logged on our system and you will get a response. Thank you for your patience.

User Investigations Officer

S Dixon

User Investigations Team | Service Excellence and Delivery Division | Operations Directorate | 102 Petty France | London SW1H 9AJ |

[Here is how HMCTS uses personal data about you.](#)

IMPORTANT NOTE: Please do not edit the subject line when replying to this email. Any emails sent to this email address (replies@optic.justice.gov.uk) that are not about your complaint will not reach their intended recipient and won't be replied to. If you need to submit an application or require an update on your case, this must be sent to the court or tribunal managing your case using their approved enquiries in-box. Contact details are available at [Find a court or tribunal - GOV.UK \(www.gov.uk\)](#).

Review response (email)

Email message

To

nadia@rosekross.com

Subject

Complaint

Cc

From

HM Courts and Tribunals Service<replies@optic.justice.gov.uk>

Password **Onneneta8-** will be sent by separate email

Dear Ms Zahmoul

More information about your complaint

Thank you for your recent Pre-Action letter dated letter of 29 October 2025 but we are responding within our complaints handling process. I'm sorry to hear you're still dissatisfied with the first complaint response letter we sent you.

I can see you were dissatisfied with the following:

unlawful revocation of participation measures under FPR Part 3A, the procedural bias, and the systematic suppression of evidence of my Autism and PTSD in DH v RH (No 3) [2024] EWFC 79 and DH v RH (No 4) [2024] EWFC 114.. S

I have reviewed all the details. Based on the information, and as previously informed, our complaints procedure is intended for complaints regarding administrative functions.

We only handle the administration for courts and tribunals. We're always impartial and we don't have any influence over a judge's decision. So I cannot comment on or review their decision for you.

If you'd like to appeal the judge's decision

You could consider appealing, but we recommend getting legal advice and checking your options first.

You can:

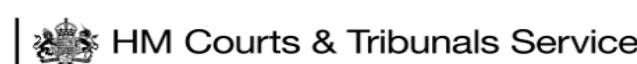
- get free, impartial advice from your local Citizen's Advice office
- call Civil Legal Advice on 0345 345 4 345 - they'll be able to help you find advice services in your area.

If you're unhappy with my response

HMCTS operates a three stage complaints handling procedure. If you remain dissatisfied with our reply, you can ask the User Investigations Team to review your complaint at the final stage of the complaints procedure by emailing userinvestigations@justice.gov.uk or by writing to: HM Courts & Tribunals Service, User Investigations Team, 6th Floor (6.12), 102 Petty France London, SW1H 9AJ - again, you must explain simply and clearly what parts of the response you've received you do not agree with and would like reviewed.

Yours sincerely,

Ray Harrison
Operations Manager
RCJ Civil Appeals Office, Civil Appeals | HMCTS | Civil Appeals, Royal Courts of Justice, Strand, London WC2A 2LL
Phone:



IMPORTANT NOTE: Please do not edit the subject line when replying to this email. Any emails sent to this email address (replies@optic.justice.gov.uk) that are not about your complaint will not reach their intended recipient and won't be replied to. If you need to submit an application or require an update on your case, this must be sent to the court or tribunal managing your case using their approved enquiries in-box. Contact details are available at [Find a court or tribunal - GOV.UK \(www.gov.uk\)](#).

About this request

<i>Issued by</i>	HM Courts and Tribunals Service
<i>Status</i>	Submitted on 30/10/2025 11:28
<i>Request reference</i>	G157229528
<i>Context</i>	Complaint 76334099

**Section 3: Annex B – Background Note: Misclassification of Equality-Law Breaches as
Judicial Matters**

(30 Oct 2025)

Annex B – Background Note: Misclassification of Equality-Law Breaches as Judicial Matters

Case Reference: CA-2024-001342 / BV20D01752

Prepared by: Nadia Zahmoul

Date: 30 October 2025

1. Structural Deflection Mechanism

When a litigant raises issues such as procedural unfairness, revocation of participation measures, or failure to provide reasonable adjustments, **HM Courts & Tribunals Service** (HMCTS) and the **Ministry of Justice** (MoJ) routinely classify them as judicial decisions.

This categorisation removes them from administrative review because judicial decisions fall under the doctrine of judicial independence. The standard **HMCTS** reply - “we cannot intervene in judicial decisions” - thereby closes the complaint without consideration of accessibility or equality obligations.

Such treatment is legally and procedurally wrong where the complaint concerns **administrative or operational** acts of omission, not the judge’s exercise of discretion. It has the effect of **deflecting legitimate Equality Act 2010 and FPR Part 3A** complaints from scrutiny and denies disabled court users any administrative route to redress.

2. Why This Classification Is Wrong in This Case

The correspondence of 20 and 21 October 2025 and subsequent escalations concern:

1. **Unlawful revocation** of participation measures post-trial;
2. **Failure** to maintain adjustments for autism and PTSD;
3. **Mischaracterisation** of disability-related behaviours as misconduct;
4. Systemic neglect by **HMCTS** and **the MoJ** in monitoring equality compliance; and
5. Absence of any mechanism to enforce **Part 3A** post-trial.

These are operational and policy matters for which **HMCTS** and **MoJ** bear responsibility under **section 149 Equality Act 2010 (Public Sector Equality Duty)**.

Judicial independence does not extend to administrative failures to implement or maintain required measures.

3. Legal Consequences of Misclassification

This practice produces the “**enforcement gap**” acknowledged in August 2025 evidence before the **House of Lords Autism Act Committee**. **Minister of State for Care Stephen Kinnock MP** confirmed:

“There are no statutory powers of intervention... a failure could only be considered by the courts using judicial review.”

Accordingly, when courts themselves breach participation duties, no independent body can intervene. The result is a closed loop: **HMCTS** refuses complaints as “judicial,” the **MoJ** disclaims responsibility, and judicial review - costly and inaccessible - becomes the sole theoretical remedy. **Procedural discrimination** therefore remains unremedied.

4. Institutional Motives Behind Deflection

The persistence of this misclassification appears institutionally driven by:

1. Risk avoidance – Acknowledging administrative failure would expose **HMCTS/MoJ** to Equality Act liability.
2. Boundary protection – Invoking judicial independence shields operational shortcomings from scrutiny.
3. Precedent control – Recognising administrative enforceability of **Part 3A** would compel systemic reform and oversight across all jurisdictions.

5. Distinguishing Judicial and Administrative Responsibility

Under FPR Part 3A and PD 3AA:

1. Judges must identify vulnerability and order suitable participation measures;
2. **HMCTS** must implement and sustain those measures administratively; and
3. The **MoJ** must monitor and ensure compliance through its equality and policy functions.

HMCTS’s withdrawal or failure to maintain such measures is an operational breach, not a judicial act. By merging these distinct responsibilities, **HMCTS** and **MoJ** deprive vulnerable parties of any mechanism to challenge procedural exclusion.

6. Broader Implications and Required Reform

This misclassification exposes a **structural governance flaw**. Although the law on paper provides participation protections, **they are functionally unenforceable because the same institutions responsible for compliance determine their own accountability.**

The Zahmoul v Zahmoul case demonstrates the urgent need for:

1. A statutory, independent oversight body empowered to enforce **FPR Part 3A and Equality Act** duties;
2. A clear administrative boundary between judicial discretion and operational compliance; and
3. A rapid, accessible **enforcement mechanism** for **disabled and neurodivergent litigants** to secure participation support and equality adjustments.

Summary

Current **HMCTS/MoJ** practice converts equality-law breaches into “judicial” matters, neutralising accountability and **depriving autistic and disabled court users of the protections Parliament intended under the Equality Act 2010, the Autism Act 2009, and FPR Part 3A**. This systemic deflection constitutes a governance failure within the administration of justice.

Section 2: Final Notice and Continuing Deflection

Exhibit NZ - U

(31 Oct 2025)

FINAL NOTICE OF CONTINUING NON-COMPLIANCE

**Equality Act 2010 – Section 149 (Public Sector Equality Duty)
Family Procedure Rules Part 3A – Vulnerable Parties and Participation Measures**

Case No: CA-2024-001342 / BV20D01752

Date: 31 October 2025

From: Nadia Zahmoul

To:

Dr Jo Farrar CB OBE, Permanent Secretary of the Ministry of Justice

Mr. Nick Goodwin, Chief Executive, HM Courts & Tribunals Service

Sarah Sackman MP, Minister of State for Justice

Subject: Continuing Failure to Address Administrative and Equality-Law Breaches

Dear Mr. Goodwin, Dr Farrar, Ms. Sackman MP and Ms. Davies-Jones MP,

I refer to my Pre-Action Protocol letters of 20 and 21 October 2025, my Urgent Escalation of 28 October 2025, and my Stage 3 Escalation of 30 October 2025. To date, there has been no substantive or lawful response from either the **Ministry of Justice or HM Courts & Tribunals Service (HMCTS)**.

My Stage 3 escalation of 30 October 2025 was a formal **equality-law escalation and Pre-Action notice under the Equality Act 2010, FPR Part 3A, and Article 6 ECHR.**

The response received on 30 October 2025 from the **HMCTS User Investigations Team (Service Excellence and Delivery Division) (Ref 76334099)** wrongly categorised this correspondence as a customer-feedback complaint. That administrative misclassification constitutes a continuing failure to recognise and discharge the **Ministry's Public Sector Equality Duty (s. 149 Equality Act 2010)** and **HMCTS's operational duties to ensure accessibility for disabled court users.**

1. Nature of the Misclassification

The issues raised in my escalation are statutory, not discretionary. They concern:

- a) **Unlawful revocation** of participation measures post-trial,

- b) Failure to maintain reasonable adjustments under **FPR Part 3A and PD 3AA**,
- c) **Discriminatory mischaracterisation** of autism-related communication traits, and
- d) Institutional neglect in equality-compliance monitoring.

These matters fall under the **administrative responsibility of HMCTS and the MoJ**, not the judiciary, and **cannot lawfully be processed within the customer-service channel**.

2. Continuing Breach of Statutory Duties

Instead of addressing these statutory failures, **HMCTS** has repeatedly deflected the matter by reclassifying my equality complaints as “judicial decisions” or “customer feedback”. These responses evade the clear administrative and operational duties imposed on the **Ministry** and **HMCTS** under domestic and international law.

By diverting this matter into a generic complaint process, **HMCTS** has again avoided substantive engagement with its legal obligations under:

- a) **Equality Act 2010**, ss. 20, 29 and 149 (Public Sector Equality Duty),
- b) **Family Procedure Rules Part 3A and Practice Direction 3AA** (duty to identify and maintain participation measures for vulnerable parties); and
- c) Article 6 **ECHR** (right to a fair hearing and effective participation).

This constitutes ongoing maladministration and a denial of my right to an effective administrative remedy.

3. Immediate Action Required

Unless a substantive response is received within **seven (7) days** of this notice - specifically addressing the administrative breaches and confirming what remedial steps will be taken - I will proceed to:

- a) Initiate **Judicial Review** proceedings against **HMCTS** and **the Ministry of Justice** for breach of statutory duty and procedural unfairness;
- b) Refer the matter to the **Equality and Human Rights Commission** (EHRC) for investigation under its enforcement powers; and

- c) Notify the **Parliamentary and Health Service Ombudsman** of maladministration and failure of the Public Sector Equality Duty.

4. Purpose of this Notice

This notice formally places the **Ministry of Justice** and HMCTS on record that continued non-engagement constitutes **ongoing unlawful conduct under the Equality Act 2010 and represents a systemic denial of access to justice for disabled and neurodivergent court users.**

I therefore request written acknowledgment within **48 hours** and a full substantive reply within **seven (7) days**, confirming immediate escalation to the **Permanent Secretary's office**.

Yours sincerely,

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

**Section 3: Annex B – Background Note: Misclassification of Equality-Law Breaches as
Judicial Matters**

(30 Oct 2025)

Annex B – Background Note: Misclassification of Equality-Law Breaches as Judicial Matters

Case Reference: CA-2024-001342 / BV20D01752

Prepared by: Nadia Zahmoul

Date: 30 October 2025

1. Structural Deflection Mechanism

When a litigant raises issues such as procedural unfairness, revocation of participation measures, or failure to provide reasonable adjustments, **HM Courts & Tribunals Service** (HMCTS) and the **Ministry of Justice** (MoJ) routinely classify them as judicial decisions.

This categorisation removes them from administrative review because judicial decisions fall under the doctrine of judicial independence. The standard **HMCTS** reply - “we cannot intervene in judicial decisions” - thereby closes the complaint without consideration of accessibility or equality obligations.

Such treatment is legally and procedurally wrong where the complaint concerns **administrative or operational** acts of omission, not the judge’s exercise of discretion. It has the effect of **deflecting legitimate Equality Act 2010 and FPR Part 3A** complaints from scrutiny and denies disabled court users any administrative route to redress.

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The correspondence of 20 and 21 October 2025 and subsequent escalations concern:

1. **Unlawful revocation** of participation measures post-trial;
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3. **Mischaracterisation** of disability-related behaviours as misconduct;
4. Systemic neglect by **HMCTS** and **the MoJ** in monitoring equality compliance; and
5. Absence of any mechanism to enforce **Part 3A** post-trial.

These are operational and policy matters for which **HMCTS** and **MoJ** bear responsibility under **section 149 Equality Act 2010 (Public Sector Equality Duty)**.

Judicial independence does not extend to administrative failures to implement or maintain required measures.

3. Legal Consequences of Misclassification

This practice produces the “**enforcement gap**” acknowledged in August 2025 evidence before the **House of Lords Autism Act Committee**. **Minister of State for Care Stephen Kinnock MP** confirmed:

“There are no statutory powers of intervention... a failure could only be considered by the courts using judicial review.”

Accordingly, when courts themselves breach participation duties, no independent body can intervene. The result is a closed loop: **HMCTS** refuses complaints as “judicial,” the **MoJ** disclaims responsibility, and judicial review - costly and inaccessible - becomes the sole theoretical remedy. **Procedural discrimination** therefore remains unremedied.

4. Institutional Motives Behind Deflection

The persistence of this misclassification appears institutionally driven by:

1. Risk avoidance – Acknowledging administrative failure would expose **HMCTS/MoJ** to Equality Act liability.
2. Boundary protection – Invoking judicial independence shields operational shortcomings from scrutiny.
3. Precedent control – Recognising administrative enforceability of **Part 3A** would compel systemic reform and oversight across all jurisdictions.

5. Distinguishing Judicial and Administrative Responsibility

Under FPR Part 3A and PD 3AA:

1. Judges must identify vulnerability and order suitable participation measures;
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3. The **MoJ** must monitor and ensure compliance through its equality and policy functions.

HMCTS’s withdrawal or failure to maintain such measures is an operational breach, not a judicial act. By merging these distinct responsibilities, **HMCTS** and **MoJ** deprive vulnerable parties of any mechanism to challenge procedural exclusion.

6. Broader Implications and Required Reform

This misclassification exposes a **structural governance flaw**. Although the law on paper provides participation protections, **they are functionally unenforceable because the same institutions responsible for compliance determine their own accountability.**

The Zahmoul v Zahmoul case demonstrates the urgent need for:

1. A statutory, independent oversight body empowered to enforce **FPR Part 3A and Equality Act** duties;
2. A clear administrative boundary between judicial discretion and operational compliance; and
3. A rapid, accessible **enforcement mechanism** for **disabled and neurodivergent litigants** to secure participation support and equality adjustments.

Summary

Current **HMCTS/MoJ** practice converts equality-law breaches into “judicial” matters, neutralising accountability and **depriving autistic and disabled court users of the protections Parliament intended under the Equality Act 2010, the Autism Act 2009, and FPR Part 3A**. This systemic deflection constitutes a governance failure within the administration of justice.

Nadia Zahmouli

Subject: Final Notice – Continuing Non-Compliance with Equality Act 2010 and FPR Part 3A (CA-2024-001342 / BV20D01752)

Date: Friday, October 31, 2025 at 3:12:07 AM Mountain Daylight Time

From: Nadia <nadia@rosekross.com>

To: dr.jo.farrar@justice.gov.uk <dr.jo.farrar@justice.gov.uk>, alex.daviesjones.mp@parliament.uk <alex.daviesjones.mp@parliament.uk>, nick.goodwin@justice.gov.uk <nick.goodwin@justice.gov.uk>, sarah.sackman.mp@parliament.uk <sarah.sackman.mp@parliament.uk>, Permanent.Secretary@justice.gov.uk <Permanent.Secretary@justice.gov.uk>, contacthmcts@justice.gov.uk <contacthmcts@justice.gov.uk>, phso.enquiries@ombudsman.org.uk <phso.enquiries@ombudsman.org.uk>, legalrequest@equalityhumanrights.com <legalrequest@equalityhumanrights.com>

CC: public.enquiries@justice.gov.uk <public.enquiries@justice.gov.uk>, david.lammy.mp@parliament.uk <david.lammy.mp@parliament.uk>, judicial.correspondence@judiciary.uk <judicial.correspondence@judiciary.uk>, judicial.office@judiciary.uk <judicial.office@judiciary.uk>, hlautismactcommittee@parliament.uk <hlautismactcommittee@parliament.uk>, Joe Powell MP <joe.powell.mp@parliament.uk>, civilappeals.registry@justice.gov.uk <civilappeals.registry@justice.gov.uk>, equality@justice.gov.uk <equality@justice.gov.uk>, HLAutismAct2009@parliament.uk <HLAutismAct2009@parliament.uk>, accessibility@ombudsman.org.uk <accessibility@ombudsman.org.uk>, media@equalityhumanrights.com <media@equalityhumanrights.com>

BCC: HLJusticeHomeAffairs@parliament.uk <HLJusticeHomeAffairs@parliament.uk>, justicecom@parliament.uk <justicecom@parliament.uk>, slaughterera@parliament.uk <slaughterera@parliament.uk>, josh.babarinde.mp@parliament.uk <josh.babarinde.mp@parliament.uk>, matt.bishop.mp@parliament.uk <matt.bishop.mp@parliament.uk>, pam.cox.mp@parliament.uk <pam.cox.mp@parliament.uk>, linsey.farnsworth.mp@parliament.uk <linsey.farnsworth.mp@parliament.uk>, ashley.fox.mp@parliament.uk <ashley.fox.mp@parliament.uk>, warinder.juss.mp@parliament.uk <warinder.juss.mp@parliament.uk>, tessa.munt.mp@parliament.uk <tessa.munt.mp@parliament.uk>, sarah.russell.mp@parliament.uk <sarah.russell.mp@parliament.uk>, neil.shastrihurst.mp@parliament.uk <neil.shastrihurst.mp@parliament.uk>, tony.vaughan.mp@parliament.uk <tony.vaughan.mp@parliament.uk>, ayo.onatade@supremecourt.uk <ayo.onatade@supremecourt.uk>, justicecom@parliament.uk <justicecom@parliament.uk>, HLJusticeHomeAffairs@parliament.uk <HLJusticeHomeAffairs@parliament.uk>, altond@parliament.uk <altond@parliament.uk>, juliet.campbell.mp@parliament.uk <juliet.campbell.mp@parliament.uk>, dholakian@parliament.uk <dholakian@parliament.uk>, tom.gordon.mp@parliament.uk <tom.gordon.mp@parliament.uk>, hilary.hard@btinternet.com <hilary.hard@btinternet.com>, tony@generatinggenius.org.uk <tony@generatinggenius.org.uk>, afzal.khan.mp@parliament.uk <afzal.khan.mp@parliament.uk>, alex@alex sobel.co.uk <alex@alex sobel.co.uk>, alex.sobel.mp@parliament.uk <alex.sobel.mp@parliament.uk>, swayed@parliament.uk <swayed@parliament.uk>, media@equalityhumanrights.com <media@equalityhumanrights.com>, inclusion@scope.org.uk <inclusion@scope.org.uk>, parliamentaryunit@citizensadvice.org.uk <parliamentaryunit@citizensadvice.org.uk>, campaign@nas.org.uk <campaign@nas.org.uk>, supportercare@nas.org.uk <supportercare@nas.org.uk>, customerrelationsenquiries@nas.org.uk <customerrelationsenquiries@nas.org.uk>, nas@nas.org.uk <nas@nas.org.uk>, info@autistica.org.uk <info@autistica.org.uk>, info@ambitiousaboutautism.org.uk <info@ambitiousaboutautism.org.uk>, press.office@ambitiousaboutautism.org.uk <press.office@ambitiousaboutautism.org.uk>, info@autism-alliance.org.uk <info@autism-alliance.org.uk>, info@ne-as.org.uk <info@ne-as.org.uk>, contact@autisticdoctorsinternational.com <contact@autisticdoctorsinternational.com>, team@specialneedsjungle.com <team@specialneedsjungle.com>, contact@npaa.org.uk <contact@npaa.org.uk>, info@neurodiversityinbusiness.org <info@neurodiversityinbusiness.org>, info@dfnprojectsearch.org <info@dfnprojectsearch.org>, hello@blacksenmamas.com <hello@blacksenmamas.com>, arc-info@medschl.cam.ac.uk <arc-info@medschl.cam.ac.uk>, info@autisminmind.com <info@autisminmind.com>, enquiries@autismeducationtrust.org.uk <enquiries@autismeducationtrust.org.uk>, info@autismspeaks.org.uk <info@autismspeaks.org.uk>, info@autismcentral.org.uk <info@autismcentral.org.uk>, enquiries@adhdandautism.org <enquiries@adhdandautism.org>, fundraising@autismearlysupport.org.uk <fundraising@autismearlysupport.org.uk>,

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Priority: High

Attachments: Stage 3_Escalation Bundle_31Oct2025.pdf

Dear Sir or Madam,

Please find attached my **Final Notice of Continuing Non-Compliance and Stage 3 Escalation Submission** concerning systemic failures by **HMCTS** and **the Ministry of Justice** to uphold equality and participation duties under **FPR Part 3A, the Equality Act 2010, and Article 6 ECHR**.

This submission consolidates my correspondence of 20 - 31 October 2025, including four written deflections received from **HMCTS** and **the Court of Appeal** that collectively demonstrate a continuing administrative and accessibility failure.

Despite repeated submissions clearly identifying breaches of the **Equality Act 2010, Family Procedure Rules Part 3A, and Article 6 ECHR**, the matter continues to be misclassified as either a judicial issue or a customer-service query. This repeated deflection represents a continuing administrative and statutory breach of the Public Sector Equality Duty and the **procedural safeguards owed to disabled and vulnerable court users**.

The evidence shows that:

1. My **autism and PTSD** were acknowledged by the court, and **Part 3A measures** were implemented during trial;
2. Those measures were **unlawfully revoked** post-trial without notice, hearing, or review;
3. Disability-related behaviours were **mischaracterised** as bad conduct in the judgments of 18 April 2024 and 24 May 2024; and
4. Repeated requests for assistance were ignored, leaving no route for enforcement or redress.

This matter concerns **administrative accountability**, not judicial discretion. **Both the MoJ and HMCTS have statutory responsibilities under the Public Sector Equality Duty (s. 149 Equality Act 2010) to ensure accessible justice for disabled and neurodivergent individuals.**

As **Tom Purser, CEO of Autism Action**, recently observed in his June 2025 evidence to the **House of Lords Autism Act 2009 Committee**:

“Crucially, we have seen that the Act has not proven to be enforceable at any level — from individuals to ministers — and no person or agency has been made accountable for its delivery or, critically, its failure.”

My case exemplifies precisely this enforcement gap. I therefore request that:

1. This submission be reviewed at **Permanent-Secretary** level and logged for institutional accountability;
2. The **Equality and Human Rights Commission and Parliamentary & Health Service Ombudsman** oversee the matter under the Public Sector Equality Duty; and
3. A substantive written reply be issued within **seven days**, confirming corrective and preventative measures.

This email and the attached Notice formally place both departments on record. If no substantive reply is received within **seven (7) days**, I will proceed to file for **Judicial Review** and refer the matter to the **Equality and Human Rights Commission and the Parliamentary & Health Service Ombudsman**.

Please acknowledge receipt within 48 hours and confirm escalation to the Permanent Secretary's office.

Yours sincerely,

Nadia Zahmoul

Email: nadia@rosekross.com

Attachments:

Stage 3 Escalation Letter (30 October 2025)

Final Notice and Continuing Deflection (Exhibit NZ-U) (31 October 2025)

Annex B: Misclassification Background Note (30 October 2025)

Court of Appeal Correspondence (Exhibit NZ-T, 29 October 2025)

Stage 2 Escalation Letter (29 October 2025)

Pre-Action Protocol Letter + Annex A (20 October 2025)

Follow-Up Pre-Action Letter (21 October 2025)

Urgent Escalation Letter (28 October 2025)

Letter to Autism Act 2009 Committee (24 October 2025)

Deflection Exhibits (NZ-U1 – NZ-U4)

To:

Rt Hon David Lammy MP

Secretary of State for Justice

Ministry of Justice

102 Petty France

London SW1H 9AJ

Rt Hon Wes Streeting MP

Secretary of State for Health and Social Care

Department of Health and Social Care

39 Victoria Street

London SW1H 0EU

Date: 3 November 2025

Re: Breach of Equality Act 2010 and FPR Part 3A – Request for Ministerial Oversight and Remedy (CA-2024-001342 / BV20D01752)

Dear Secretaries of State,

1. I write to draw your urgent attention to systemic breaches of equality and participation duties within the family justice system, arising from my case (CA-2024-001342 / BV20D01752). The failures described herein have resulted in the denial of procedural fairness, discrimination under the Equality Act 2010, and the violation of my right to a fair hearing under Article 6 ECHR.

2. I am an autistic individual with a formal diagnosis of autism and post-traumatic stress disorder (PTSD). During proceedings in the High Court Family Division, the Court recognised my vulnerability and granted participation measures under Family Procedure Rules (FPR) Part 3A for the February 2024 trial.
3. Immediately after the trial, those measures were effectively revoked without notice, without a recorded order, and without review, notwithstanding my explicit requests, the recommendations made in the autism assessment reports, and a letter from my NHS Consultant Psychiatrist dated 26 March 2025.
4. Without participation measures, I was unable to meaningfully engage in post-trial steps, including draft orders, costs submissions, and appeal preparation. The final judgment and subsequent costs order proceeded without my effective participation, culminating in discriminatory findings that misattributed disability-related behaviours to bad character.
5. The judgment dated 18 April 2024 mischaracterised my autism-related communication style and emotional regulation as “obsessive” and irrational (paragraph 64), despite more than twenty transcript references to my autism and PTSD. The subsequent costs order of 24 May 2024 imposed financial penalties for “disruptions in the courtroom” (paragraph 10(xi)), a finding which is discriminatory, and is unsubstantiated by the oral evidence.
6. These events caused a serious deterioration in my health, resulting in two hospitalisations and ongoing intervention by the **South K & C Crisis and Home Treatment Team**.
7. Since October 2025, I have repeatedly written to the **Ministry of Justice and HM Courts & Tribunals Service** to raise these equality and procedural breaches. Despite multiple formal letters (20–31 October 2025), I have received only administrative deflections classifying my correspondence as a “judicial complaint.” No substantive engagement or remedial action has been offered.
8. This handling is inconsistent with the **Public Sector Equality Duty (s.149, Equality Act 2010)**, the statutory duties under **FPR Part 3A**, and the government’s obligations under the **Autism Act 2009**.
9. As confirmed by **Minister Stephen Kinnock MP** in evidence before the **House of Lords Autism Act 2009 Committee**, “If a body subject to a duty under the guidance fails to

follow it without good reason, it is possible for that failure to be considered by the courts using their public law powers of judicial review. It is technically possible for the Secretary of State to commence such proceedings... or to seek a full account and engage in dialogue about future compliance.”

10. I therefore invite you, as **Secretaries of State for Justice and for Health and Social Care**, to exercise your statutory powers and commence a ministerial inquiry—or equivalent proceedings—into the systemic failures of compliance with **FPR Part 3A** and the **Equality Act 2010** in my case.
11. The absence of any enforcement mechanism under the **Autism Act 2009** has left me, and many others in similar positions, without remedy or redress. As noted by **Tom Purser, CEO of Autism Action**, “The Act has not proven to be enforceable at any level—from individuals to ministers—and no person or agency has been made accountable for its failure.”
12. I respectfully request:
 - (a) Written acknowledgment of this letter within **seven (7) days**;
 - (b) Confirmation that the **MoJ** and **DHSC** will conduct a joint review of this case and identify procedural and equality failings;
 - (c) Referral of this matter to the **Equality and Human Rights Commission** for oversight; and
 - (d) The establishment of a formal redress or inquiry mechanism to ensure accountability for breaches of the **Autism Act 2009, Equality Act 2010, and FPR Part 3A**.
13. My rights were infringed, and I did not have a fair trial. I now seek explanation, inquiry, and remedy. The mishandling of this case cannot be allowed to persist unexamined.

Yours sincerely,

Nadia Zahmoul

Nadia Zahmoul

Email: nadia@rosekross.com

Case References: CA-2024-001342 / BV20D01752