

Judicial Review

Acknowledgment of Service

Name and address of person to be served

name
address

In the High Court of Justice Administrative Court

Claim No.

Claimant(s)
(including ref.)

Defendant(s)

Interested Parties

SECTION A

Tick the appropriate box

- | | | |
|---|--------------------------|-----------------------------------|
| 1. I intend to contest all of the claim | <input type="checkbox"/> | } complete sections B, C, D and E |
| 2. I intend to contest part of the claim | <input type="checkbox"/> | |
| 3. I do not intend to contest the claim | <input type="checkbox"/> | complete section E |
| 4. The defendant (interested party) is a court or tribunal and intends to make a submission. | <input type="checkbox"/> | complete sections B, C and E |
| 5. The defendant (interested party) is a court or tribunal and does not intend to make a submission. | <input type="checkbox"/> | complete sections B and E |

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

SECTION B

Insert the name and address of any person you consider should be added as an interested party.

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

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

SECTION C

Summary of grounds for contesting the claim. If you are contesting only part of the claim, set out which part before you give your grounds for contesting it. If you are a court or tribunal filing a submission, please indicate that this is the case.

SECTION D

Give details of any directions you will be asking the court to make, or tick the box to indicate that a separate application notice is attached.

SECTION E

**delete as appropriate*

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

*I am duly authorised by the defendant to sign this statement.

(if signing on behalf of firm or company, court or tribunal)

Position or office held_____

(To be signed by you or by your solicitor or litigation friend)

Signed_____

Date_____

Give an address to which notices about this case can be sent to you

name_____

address_____

Telephone no._____

Fax no._____

E-mail address_____

If you have instructed counsel, please give their name address and contact details below.

name_____

address_____

Telephone no._____

Fax no._____

E-mail address_____

Completed forms, together with a copy, should be lodged with the Administrative Court Office, Room C315, Royal Courts of Justice, Strand, London, WC2A 2LL, within 21 days of service of the claim upon you, and further copies should be served on the Claimant(s), any other Defendant(s) and any interested parties within 7 days of lodgement with the Court.