

SECTION 2 Details of other interested parties

Include name and address and, if appropriate, details of DX, telephone or fax numbers and e-mail

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

SECTION 3 Details of the decision to be judicially reviewed

Decision:

Date of decision:

Name and address of the court, tribunal, person or body who made the decision to be reviewed.

name	address
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SECTION 4 Permission to proceed with a claim for judicial review

I am seeking permission to proceed with my claim for Judicial Review.

Are you making any other applications? If Yes, complete Section 7.

☐ Yes ☐ No

Is the claimant in receipt of a Community Legal Service Fund (CLSF) certificate?

☐ Yes ☐ No

Are you claiming exceptional urgency, or do you need this application determined within a certain time scale? If Yes, complete Form N463 and file this with your application.

☐ Yes ☐ No

Have you complied with the pre-action protocol? If No, give reasons for non-compliance in the space below.

☐ Yes ☐ No

Does the claim include any issues arising from the Human Rights Act 1998? If Yes, state the articles which you contend have been breached in the space below.

☐ Yes ☐ No