

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.	Telephone no.
Fax 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.

Is this application being made under the terms of Section 18 Practice Direction 54 (Challenging removal)?

☐ Yes ☐ No

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 box below.

☐ Yes ☐ No

Have you issued this claim in the region with which you have the closest connection? (Give any additional reasons for wanting it to be dealt with in this region in the box below). If No, give reasons in the box below.

☐ Yes ☐ No