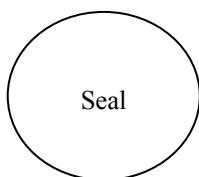


## Notice of Appeal to the High Court (Modification/Renewal of Non-Derogating Control Orders)



- Please complete this form in English. It is in your interest to complete this form as thoroughly as possible, and state all of your grounds in order for your appeal to be dealt with efficiently.
- Where there is a check box ☐, put a tick (✓) in it to show your answer.
- Please see Section 10 of this form for your deadline to appeal
- You must send with this form a copy of the order/decision that you seek to challenge.

Administrative Court Reference Number:  
(For court use only)

### Section 1 – Controlled Person's Information

**A** Your Surname or family name

**B** Your other names

**C** Address where you can be contacted

**D** Telephone Number

**E** Do you have a legal representative?

Yes

☐

No

☐

Your legal representative should complete Section 2 on page 2

**F** Do you require anonymity during your appeal?

Yes

☐

No

☐

**G** Administrative Court Reference Number of original control order proceedings (if any)

## Section 2 – Legal Representation

If you have a legal representative, he or she must complete this section.

|  | Solicitor                                    | Counsel                                      |
|--|--|--|
| <b>A</b> Solicitors Firm / Name of Counsel           | <input type="text"/>                         | <input type="text"/>                         |
| <b>B</b> Postal address                              | <input type="text"/><br><input type="text"/> | <input type="text"/><br><input type="text"/> |
|  | Post Code <input type="text"/>               | Post Code <input type="text"/>               |
| <b>C</b> DX number                                   | <input type="text"/>                         | <input type="text"/>                         |
| <b>D</b> Reference for correspondence                | <input type="text"/>                         | <input type="text"/>                         |
| <b>E</b> Telephone number                            | <input type="text"/>                         | <input type="text"/>                         |
| <b>F</b> Mobile number                               | <input type="text"/>                         | <input type="text"/>                         |
| <b>G</b> Fax number                                  | <input type="text"/>                         | <input type="text"/>                         |
| <b>H</b> Email address                               | <input type="text"/>                         | <input type="text"/>                         |
| <b>I</b> Have you made an application for legal aid? | Yes <input type="checkbox"/>                 | No <input type="checkbox"/>                  |

If you intend to apply for legal aid, you or your legal representative should do so quickly, to:

**Special Cases Unit  
Legal Services Commission  
29-37 Red Lion Street  
London WC1R 4PP**

**DX 170 London Chancery Lane**

**Tel 0207 759 1561  
Fax 0207 759 1588**

## Section 3 – Your Control Order (Modification/Renewal)

**A** Date of issue of the decision to modify/renew or refusal to modify the control order  
(dd / mm / yyyy)

or, if the Secretary of State has failed to respond to a request to revoke or modify an order, the date this request was made  
(dd / mm / yyyy)

**B** What are you seeking?

☐

The revocation of a control order, or

☐

The modification of an obligation imposed by a control order, or any other remedy



Please indicate the modification or remedy you are seeking. You may attach additional sheets of paper if required.

## Section 4 – Other Applications

If you are making an application for an extension of time to appeal, or any other application, please give details in the box below.

## Section 5 – Grounds of your appeal

Please state the grounds on which you are appealing, in the box below. You may attach additional sheets of paper if required

## Section 6 – At your appeal hearing

**A** Who will be present at your appeal hearing?

☐

Yourself

☐

Your legal representative

☐

Witness/es

If you want a witness to attend your hearing, please give their name. You must attach to this form a statement(s) of evidence that the witness proposes to give, in English.

**B** If you, your legal representative or a witness, are attending the hearing, will you or they need an interpreter?

Yes

☐

No

☐

Which language will be needed?

**Language:**

**Dialect (if applicable):**

**Any other requirements:**

**C** If you, your legal representative or a witness has a disability, please explain any special arrangements needed for the hearing.

## Section 7 – Declaration

**A** Declaration

Signature and date  
(You, or your legal representative, must sign)

I believe that the facts stated in this notice of appeal are true

**B** Name of person who signs

## Section 8 – When you have completed the form

When you have completed this form, you must lodge the original copy of this form, and two copies to be sealed, with the High Court, including the appropriate fee (£200). Upon receipt of the sealed copies you must immediately, but in any case no later than 7 days, serve a sealed copy of the appeal form on the Treasury Solicitor.

- A** Keep a copy of this form for your own use and then send the original form and two copies to be sealed to the High Court:

Administrative Court Office  
Room C315  
Royal Courts of Justice  
Strand  
London  
WC2A 2LL

- B** Send a sealed copy of this form to the Treasury Solicitor (acting for the Home Office)

Litigation D2  
Treasury Solicitor's Department  
Queen Anne's Chambers  
28 The Broadway  
London SW1H 9JS

## Section 9 – Documents to send with the form

- A** All applicable documentation must be sent with this form. Indicate, by ticking the box(es), which documents apply to this application.

☐

The control order (you must send a copy of this with the form)

☐

The renewal of the control order

☐

The modification of the control order

☐

The Secretary of State's decision on an application for the revocation of the control order or on an application for the modification of an obligation imposed by the control order

☐

Witness Statement(s)

☐

Letter to the Secretary of State requesting a modification, to which there has been no reply

## Section 10 – Deadline to appeal

- A** Your deadline to appeal is 28 days after receiving notice of the decision by the Secretary of State to renew the control order or his decision on an application for the revocation of the control order, or for the modification of an obligation imposed by such an order

- B** In a case where the Secretary of State has failed to determine an application for the revocation of the control order, or for the modification of an obligation imposed by such an order, the controlled person must file the notice of appeal:

- no earlier than 28 days; and
  - no later than 42 days;
- after the date the application was made.