

Clearing House Referral form

Department			
Date request received			
Departmental case reference			
Previous Clearing House reference (if applicable)			
Text of the request			
Stage of the request		First request/IR/ICO/Tribunal	
Reason for referral/CH trigger engaged			
Contact details for lead department FOI practitioner, policy official and lawyers			
	Name	Email address	Phone number
FOI practitioner			
Policy official			
Legal advisor			
National security interest?		Yes/No	
Round robin?		Yes/No	