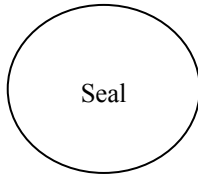


## Claim Form (Under Section 11)



- 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 (3) in it to show your answer.

**A** Claim Number (For court use only)

**B** Issue date (For court use only)

### Section 1 – Claimant's Details

**A** Surname or family name

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

## Section 2 – Legal Representation

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

<b>A</b> Name of representative	<input type="text"/>
<b>B</b> Postal address	<input type="text"/>
	<input type="text" value="Post Code"/>
<b>C</b> DX number	<input type="text"/>
<b>D</b> Reference for correspondence	<input type="text"/>
<b>E</b> Telephone number	<input type="text"/>
<b>F</b> Mobile number	<input type="text"/>
<b>G</b> Fax number	<input type="text"/>
<b>H</b> Email address	<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 – Defendant(s) Details

<b>A</b> Name of defendant	<input type="text"/>
<b>B</b> Postal address	<input type="text"/>
	<input type="text"/> Post Code
<b>C</b> DX number	<input type="text"/>
<b>D</b> Reference for correspondence	<input type="text"/>
<b>E</b> Telephone number	<input type="text"/>
<b>F</b> Mobile number	<input type="text"/>
<b>G</b> Fax number	<input type="text"/>
<b>H</b> Email address	<input type="text"/>
<b>I</b> Are details of other defendants attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 4 – Details of the claim

Please outline the details of your claim in the box below. You may attach additional sheets of paper if required.

## Section 5 – Value

**A** Please give details of any financial claim

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**B** Value of the Claim

Amount Claimed	£
Court fee	£
Solicitor's costs	£
Total amount	£

## Section 6 – Human Rights Act 1998

**A** Does, or will, your claim include any issues under the Human Rights Act 1998?

Yes

No

Please provide details of your claim with regards to any issues under the Human Rights Act 1998. You may attach additional sheets of paper if required.

## Section 7 – Statement of Truth

**A** Declaration

I believe that the facts stated in these particulars of claim are true.

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

**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. 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 Defendant or his solicitor.

**A** Keep a copy of this form for your own use and then send the original form and one copy per Defendant for sealing to the High Court:

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

**B** Send a sealed copy of this form to each Defendant or his solicitor. If the defendant is the Secretary of State, 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