

Judicial Review Claim Form

In the High Court of Justice
Administrative Court

Notes for guidance are available which explain how to complete the judicial review claim form. Please read them carefully before you complete the form.

<i>For Court use only</i>	
Administrative Court Reference No.	cd 2807/2010
Date filed	1/3/2010



SECTION 1 Details of the claimant(s) and defendant(s)

Claimant(s) name and address(es)

name
James Patrick Crippen

address
10219 Cherry Tree Terrace
Centerville
Ohio 45458-9431
USA

Telephone no. 001 937 885 6204 **Fax no.**

E-mail address
jpatcrippen@yahoo.com

Claimant's or claimant's solicitors' address to which documents should be sent.

name
Studio Legale Internazionale

address
UK Representative Office
Long Barn
Marshside
Kent CT3 4EL

Telephone no. 07509 108898 **Fax no.** 01227 200571

E-mail address
sl.England@googlemail.com

Claimant's Counsel's details

name
Mr Nigel Sangster QC / Mr John Cooper

address
25 Bedford Row
London WC1R 4HD

Telephone no. 020 7067 1500 **Fax no.** 020 7067 1507

E-mail address
clerks@25bedfordrow.com

1st Defendant

name
Ministry of Justice

Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.

name
The Treasury Solicitor

address
1 Kemble Street
London WC2B 4TS

Telephone no. 0207 210 3000 **Fax no.**

E-mail address
TheTreasurySolicitor@tsol.gsi.gov.uk

2nd Defendant

name

Defendant's or (where known) Defendant's solicitors' address to which documents should be sent.

name

address

Telephone no. **Fax no.**

E-mail address

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:
Decision of the Ministry of Justice Coroners and Burial Division to refuse exhumation licence for Dr Hawley Harvey Crippen under s. 25 of the Burial Act 1857.

Date of decision:
27 January 2010

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

name Ministry of Justice Coroners and Burial Division	address 102 Petty France London SW1H 9AJ
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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

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 box below.

Yes No

SECTION 5 Detailed statement of grounds

set out below attached

SECTION 6 Details of remedy (including any interim remedy) being sought

A quashing order in relation to the decision of the Ministry of Justice Coroners and Burial Division dated 27 January 2010 that it will not issue an exhumation licence for Dr Hawley Harvey Crippen under s. 25 of the Burial Act 1857 and an order confirming that the licence is granted.

SECTION 7 Other applications

I wish to make an application for:-

The claimant seeks costs from the defendant.

SECTION 8 Statement of facts relied on

The claimant repeats the substance contained in Section 5 of this document, as attached.

Statement of Truth

I believe (The claimant believes) that the facts stated in this claim form are true.

Full name _____

Name of claimant's solicitor's firm Studio Legale Internazionale

Signed _____

Claimant (or solicitor)

Position or office held _____

(if signing on behalf of firm or company)

SECTION 9 Supporting documents

If you do not have a document that you intend to use to support your claim, identify it, give the date when you expect it to be available and give reasons why it is not currently available in the box below.

Please tick the papers you are filing with this claim form and any you will be filing later.

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Statement of grounds | <input type="checkbox"/> included | <input checked="" type="checkbox"/> attached |
| <input type="checkbox"/> Statement of the facts relied on | <input checked="" type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application to extend the time limit for filing the claim form | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Application for directions | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> Any written evidence in support of the claim or application to extend time | | |
| <input type="checkbox"/> Where the claim for judicial review relates to a decision of a court or tribunal, an approved copy of the reasons for reaching that decision | | |
| <input checked="" type="checkbox"/> Copies of any documents on which the claimant proposes to rely | | |
| <input type="checkbox"/> A copy of the legal aid or CSLF certificate <i>(if legally represented)</i> | | |
| <input type="checkbox"/> Copies of any relevant statutory material | | |
| <input type="checkbox"/> A list of essential documents for advance reading by the court <i>(with page references to the passages relied upon)</i> | | |

If Section 18 Practice Direction 54 applies, please tick the relevant box(es) below to indicate which papers you are filing with this claim form:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> a copy of the removal directions and the decision to which the application relates | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> a copy of the documents served with the removal directions including any documents which contains the Immigration and Nationality Directorate's factual summary of the case | <input type="checkbox"/> included | <input type="checkbox"/> attached |
| <input type="checkbox"/> a detailed statement of the grounds | <input type="checkbox"/> included | <input type="checkbox"/> attached |

Reasons why you have not supplied a document and date when you expect it to be available:-

Signed _____

Claimant ('s Solicitor) _____

