The Investigatory Powers Tribunal Human Rights Act Claim Form T1

Please use this form if your claim is that your human rights have been infringed within the terms of the Human Rights Act 1998.

You will need to complete this form if your claim is against any of the Intelligence Services or one or more of the Public Authorities listed in the accompanying T1 information leaflet. Your claim must also include circumstances which involved (or which currently involve) the conduct described in the information leaflet.

If you wish to make a complaint, please complete form T2.

Please complete the form legibly. When you have completed the form please sign and date it together with any separate sheets which you wish to submit alongside the main form.

You must also supply, either in or alongside the T1 form, a summary of the information, and any other documentary evidence where appropriate, on which your claim is based.

Your Details

| Your Details | | |
|--|---|---|
| Your surname | Your surname at birth (if different) | Your surname at the date(s) when the events complained of occurred (if different) |
| Your forename(s) | | which you were commonly ents complained of occurred |
| Title (Mr, Mrs, Miss etc.) | Date of birth | |
| Your current address, including your pos | stcode Your email addro | ess |
| | Contact phone r | number |
| If this form is being submitted by your so | olicitor or adviser, please complete this | section |
| Initials | Surname of solicitor or adviser | Title (Mr, Mrs, Miss etc.) |
| Firm address, including postcode | Name of firm (if | applicable) |
| | Firm email addre | ess |

| Please answer the following questions to the best of your knowledge and belief. If there is insufficient space on this form please use an additional sheet of paper if you need to, making it clear to which questions the additional information relates. | |
|--|--|
| 1. Which organisation (or organisations) do you believe has infringed your human rights? (See the information leaflet) | |

| 2. | Which of your human | rights do you | believe has | been | infringed? |
|----|---------------------------------|-------------------|-------------|------|------------|
| | (See the information leaflet or | Tribunal website) | | | |

3. At which place or places were your human rights infringed? (See the information leaflet or Tribunal website)

4. What happened? (Please give details of what happened and, if it is not obvious, why you believe that what happened amounted to an infringement of your human rights. See the information leaflet or Tribunal website)

| 5. | On what date did the infringement happen at each place? (See the information leaflet) |
|----|---|
| 6. | Is there evidence, other than your own, in support of your claim? If so, who could provide that evidence? What is that evidence likely to be? |
| 7. | If the events which you are complaining about happened more than one year ago, please provide a full explanation for the delay in submitting your claim (See the information leaflet) |
| 8. | If the Tribunal upholds your claim, what remedies do you seek? (See the information leaflet) |
| | you wish correspondence from the Tribunal to be sent to you or to your solicitor or adviser instead of to you? ase tick one box only. |
| | Please send correspondence to me. |
| | Please send correspondence to my solicitor/adviser instead of me. |

Confidentiality

Your claim will be handled in confidence. To carry out its functions, the Tribunal has power to call for any official documents or information it may need. The Tribunal cannot disclose details of your claim without your permission (except for the information described in Tribunal Rule 8(2)(a) and (b) quoted in the information leaflet). If it does not have your permission to disclose details of your claim it may not be possible for the Tribunal to investigate your claim properly (see the information leaflet).

Please tick here if you are prepared to give that permission.

Declaration

| I have answered all the questions on the application form to the best of my knowledge and belief. This form must be signed by the claimant themselves. |
|--|
| Signature |
| Name |
| Date |