**Form CFI 4**

**Rule 219**

**Claim**

**(Judicial Review)**

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| **Court of First Instance** | |
| **Division** | **Commercial and Civil** |
| **Case number** |  |

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| --- | --- |
| **Title of Proceedings** | |
| **[First] Claimant\*** | [full name] |
| [Second Claimant] [number of Claimants (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |
| **[First] Defendant\*** | [full name] |
| [Second Defendant] [number of Defendants (if more than two)] | [#full name #number (refer to Party Details at rear for full list of parties)] |

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| **Filing Details** | |
| **Filed for\*** | [name of claimant(s)] |
| **Legal representative** | [name] |
| **Firm** | [name of firm] |
| **Firm reference** | [reference number] |
| **Contact name\*** | [name] |
| **Contact telephone\*** | [telephone] |
| **Contact email\*** | [email address] |

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| **Defendant(s) Address for Service \*** |
| **Individuals** |
| [provide home or work address for service for each defendant]  [provide email address and mobile telephone number for service for each defendant] |
| **Companies** |
| [provide the registered office address or the address of any place of the defendant’s business which has a real connection with the claim for service for each defendant]  [provide email address and mobile telephone number for service for each defendant] |

| **Details of Claim** | |
| --- | --- |
| **Relief sought\*** | |
| [numbered paragraphs] | |
| **Decision maker\*** | [name of person or authority that took the decision or action or failed to act] |
| **Date of decision\*** | [insert date] |
| **Relevant ADGM enactment, decision, action or failure to act\*** | |
| [numbered paragraphs] | |
| **Claimant’s interest\*** | |
| [numbered paragraphs] | |
| **Interest of other person(s)\*** | |
| [numbered paragraphs] | |
| **Grounds for challenge\*** | |
| [numbered paragraphs] | |
| **Grounds for any claim for damages, restitution or recovery\*** | |
| [numbered paragraphs] | |
| **Propositions of Law\*** | |
| [numbered paragraphs] | |
| **Details of financial resources\*** | |
| [numbered paragraphs] | |

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| **SIGNATURE  THE ADGM ECOURTS PLATFORM CAN READ THE CONTENTS OF WORD FORMS CONVERTED TO PDF.**  **SCANNED FORMS CANNOT BE READ BY THE PLATFORM. THIS MEANS THAT IF YOU UPLOAD A SCANNED FORM, YOU WILL NEED TO RE-ENTER THE INFORMATION INTO THE ONLINE FORM.**  **DO NOT PRINT AND PHYSICALLY SIGN THE SECTION BELOW. THE ONLINE FORM WILL PROMPT YOU FOR YOUR ELECTRONIC SIGNATURE.** |

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| ***YOU WILL BE REQUIRED TO SIGN AS FOLLOWS IN THE ONLINE FORM***  ***Litigant in person***  *I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that the claim in these proceedings has reasonable prospects of success.*  ***Legal Representative/Authorised Officer***  ***I am [#the legal representative #an authorised officer] of the Claimant(s)***  *I certify that there are reasonable grounds for believing on the basis of provable facts and a reasonably arguable view of the law that the claim in these proceedings has reasonable prospects of success.* |

| **Notice to claimant** |
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* The Registry will serve the claim form on any party to this claim who is to be served inside the United Arab Emirates.

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| **Notice to defendant** |
| * If you do not file an acknowledgment of service within 21 days of being served with this claim form, you may not be permitted by the court to take part in a hearing to decide whether permission to proceed with the claim for judicial review should be given. |

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| **Forms** |
| * The court’s forms are available on the court’s website. * An acknowledgment of service must be filed using **Form CFI 7A**. Where the person filing the acknowledgment of service intends to contest the application for permission or the claim, the acknowledgment must set out a summary of his grounds for doing so. * Evidence on which a defendant seeks to rely, whether in opposition to the application for permission or the claim, must be served within 21 days after the filing of the acknowledgment of service. Written evidence must be filed using **Form CFI 15**. |
| **Procedures** |
| * The procedures of the court are in the ADGM Court Procedure Rules 2016. * The procedure for an application for permission to bring a claim for judicial review, is in **Practice Direction 5**. * The rules and practice directions are available on the court’s website. |

*[separate page]*

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| **Party Details** |

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| **Claimant(s)** | |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| *(for additional Claimant(s), please fill out the section below for each Claimant)* | |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |

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| **Claimant(s) Contact Details** *(complete if self-represented or by authorised officer as applicable)* | |
| **Name of authorised officer** | [name] |
| **Capacity to act for Claimant** | [e.g. Director] |
| **Address for service\*** | [address] |
| **Telephone\*** | [telephone] |
| **Email\*** | [email address] |

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| **Claimant(s) Legal Representative** *(complete if legally represented)* | |
| **Name** | [name] |
| **Firm** | [name of firm] |
| **Address of Firm** | [address of firm] |
| **Contact person** | [contact person] |
| **Email** | [email address] |
| **Telephone** | [telephone] |
| **Firm Ref** | [firm reference] |

| **Interested Party(ies)** | |
| --- | --- |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |
| *(for additional Interested Parties, please fill out the section below for each Interested Party)* | |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |

| **Defendant(s)** | |
| --- | --- |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |
| *(for additional Defendant(s), please fill out the section below for each Defendant)* | |
| **ADGM Registration No.** *(if applicable)* | [ADGM Registration#] |
| **Full Name\*** | [name] |
| **Address\*** | [address] |
| **Email** | [email address] |