

EUROPEAN COURT OF HUMAN RIGHTS COUR EUROPÉENNE DES DROITS DE L'HOMME

## About this application form

**Barcode label** 

This application form is a formal legal document and may affect your rights and obligations. Please follow the instructions given in the Notes for filling in the application form. Make sure you fill in all the fields applicable to your situation and provide all relevant documents.

## **Application Form**

Warning: If your application is incomplete, it will not be accepted (see Rule 47 of the Rules of Court). Please note in particular that Rule 47 § 2 (a) provides that: "All of the information referred to in paragraph 1 (d) to (f) [statement of facts, alleged violations and information about compliance with the admissibility criteria] that is set out in the relevant part of the application form should be sufficient to enable the Court to determine the nature and scope of the application without recourse to any other document."

Reference number

If you have already received a sheet of barcode labels from the European Court of Human Rights, please place one barcode label in the box below.	If you already have a reference number from the Court in relation to these complaints, please indicate it in the box below.
A. The applicant (Individual)	B. The applicant (Organisation)
This section refers to applicants who are individual persons only.	This section should only be filled in where the applicant is a company, NGO, association or other legal entity.
If the applicant is an organisation, please go to Section B.	
1. Surname	9. Name
2. First name(s)	
	10. Identification number (if any)
3. Date of birth	
e.g. 27/09/2012	11. Date of registration or incorporation (if any)
D D M M Y Y Y Y  4. Nationality	e.g. 27/09/2012
4. Nationality	D D M M Y Y Y Y  12. Activity
5. Address	12. Activity
5. Address	13. Registered address
	13. Negistered address
6. Telephone (including international dialling code)	
c. Telephone (including international dialing code)	
7 Email (if any)	
7. Email (if any)	14. Telephone (including international dialling code)
2. Say	
8. Sex  male	15. Email
○ female	
O letitale	

C. Representative(s) of the applicant  If the applicant is not represented, go to Section D.	
Non-lawyer/Organisation official	Lawyer
Please fill in this part of the form if you are representing an applicant but are not a lawyer.	Please fill in this part of the form if you are representing the applicant as a lawyer.
In the box below, explain in what capacity you are representing the applicant or state your relationship or official function where you are representing an organisation.	24. Surname
16. Capacity / relationship / function	25. First name(s)
17. Surname	26. Nationality
18. First name(s)	27. Address
19. Nationality	
20. Address	
26. Address	
	28. Telephone (including international dialling code)
	29. Fax
21. Telephone (including international dialling code)	30. Email
22. Fax	
23. Email	
Authority The applicant must authorise any representative to act on his or h	er behalf by signing the authorisation below (see the Notes for
filling in the application form).	andings hafare the European Court of Human Dights, concerning
I hereby authorise the person indicated to represent me in the proc my application lodged under Article 34 of the Convention.	eedings before the European Court of Human Rights, concerning
31. Signature of applicant	32. Date
	e.g. 27/09/2012
	D D M M Y Y Y Y

D. State(s) against which the application is directed	
33. Tick the name(s) of the State(s) against which the application	is directed
ALB - Albania	☐ ITA - Italy
AND - Andorra	LIE - Liechtenstein
ARM - Armenia	LTU - Lithuania
AUT - Austria	LUX - Luxembourg
AZE - Azerbaijan	LVA - Latvia
BEL - Belgium	MCO - Monaco
BGR - Bulgaria	MDA - Republic of Moldova
BIH - Bosnia and Herzegovina	MKD - "The former Yugoslav Republic of Macedonia"
CHE - Switzerland	MLT - Malta
CYP - Cyprus	MNE - Montenegro
CZE - Czech Republic	NLD - Netherlands
DEU - Germany	NOR - Norway
DNK - Denmark	POL - Poland
ESP - Spain	PRT - Portugal
EST - Estonia	ROU - Romania
FIN - Finland	RUS - Russian Federation
FRA - France	SMR - San Marino
GBR - United Kingdom	SRB - Serbia
GEO - Georgia	SVK - Slovak Republic
GRC - Greece	SVN - Slovenia
HRV - Croatia	SWE - Sweden
HUN - Hungary	TUR - Turkey
IRL - Ireland	UKR - Ukraine
SL - Iceland	

#### Subject matter of the application

All the information concerning the facts, complaints and compliance with the requirements of exhaustion of domestic remedies and the six-month time-limit laid down in Article 35 § 1 of the Convention must be set out in this part of the application form (sections E., F. and G.) (Rule 47 § 2 (a)). The applicant may supplement this information by appending further details to the application form. Such additional explanations must not exceed 20 pages (Rule 47 § 2 (b)); this page limit does not include copies of accompanying documents and decisions.

Ε.	Statement of the facts
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Statement of the facts (continued)	
35.	

Statement of the facts (continued)	
36.	

F. Statement of alleged viola	tion(s) of the Convention and/or Protocols and relevant arguments
37. Article invoked	Explanation
	1-

	ved, to show that you have complied with the six-month time-limit.
3. Complaint	Information about remedies used and the date of the final decision

39	Is or was there an appeal or remedy available to you which you have not used?	○ Yes
	is of was there all appear of refinedy available to you willen you have not used.	
		○ No
40.	If you answered Yes above, please state which appeal or remedy you have not used and explain why	not.
Н.	Information concerning other international proceedings (if any)	
41.	Have you raised any of these complaints in another procedure of international investigation	○ Yes
	or settlement?	○ No
42.	If you answered Yes above, please give a concise summary of the procedure (complaints submitted, no and date and nature of any decisions given).	ame of the international body
L		
43.	Do you (the applicant) currently have, or have you previously had, any other applications before	○ Yes
	the Court?	○ No
		J
44.	If you answered Yes above, please write the relevant application number(s) in the box below.	

### List of accompanying documents

You should enclose full and legible copies of all documents.

No documents will be returned to you. It is thus in your interests to submit copies, not originals.

#### You MUST:

- arrange the documents in order by date and by procedure;
- number the pages consecutively;
- NOT staple, bind or tape the documents.

43. III	the box below, please list the documents in chronological order with a concise description.
1.	
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Do you have any other comments about your application?  46. Comments  Declaration and signature  I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.  47. Date  D D M M Y Y Y Y  The applicant(s) or the applicant's representative(s) must sign in the box below.
Declaration and signature  I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.  47. Date  D D M M Y Y Y Y  e.g. 27/09/2012
I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.  47. Date  D D M M Y Y Y Y  e.g. 27/09/2012
I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.  47. Date  D D M M Y Y Y Y  e.g. 27/09/2012
I hereby declare that, to the best of my knowledge and belief, the information I have given in the present application form is correct.  47. Date  D D M M Y Y Y Y  e.g. 27/09/2012
47. Date  D D M M Y Y Y Y  e.g. 27/09/2012
D D M M Y Y Y
The applicant(s) or the applicant's representative(s) must sign in the box below.
The applicant (5) of the applicant 5 representative (5) must sign in the box below.
48. Signature(s) O Applicant(s) Representative(s) - tick as appropriate
ioi signatare(s) — http://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1
Confirmation of correspondent
If there is more than one applicant or more than one representative, please give the name and address of the one person with whom
the Court will correspond.
49. Name and address of Applicant Representative - tick as appropriate

# The completed application form should be signed and sent by post to:

The Registrar
European Court of Human Rights
Council of Europe
67075 STRASBOURG CEDEX
FRANCE