



Home Office

**UK Border
Agency**

(HSMP) Forum Judicial Review
Judgment of 6 April 2009
Indefinite Leave to remain (ILR)

Application for a one off payment to
cover the cost of an extension
application.

Background

Prior to 3 April 2006 the continuous leave requirement for Indefinite Leave to Remain (ILR) under the Highly Skilled Migrant Programme (HSMP) was that migrants should have spent four years continuous residence in the UK. The four year qualifying period was increased to five on 3 April 2006.

The HSMP Forum (UK) Ltd brought a Judicial Review on the grounds that those who entered onto the HSMP before the qualifying period was increased from four to five years, should be eligible for ILR after four years. The judge found in favour of the HSMP Forum on this point.

As a result of the judgment, we have put in place arrangements to cover those migrants who have already settled under HSMP on the basis of having spent 5 years in the UK in a qualifying category and those who are coming up to having spent 5 years in the UK in a qualifying category, **where they have made a second extension application which would not have otherwise been required.**

For further information please see our policy document 'HSMP Indefinite leave to remain (ILR) Judicial Review: Policy Document' which is available on this website.

Please send your completed application to:

Sheffield Case Processing Unit (CPU)
UK Border Agency
PO Box 3468
Sheffield
S3 8WA

PLEASE NOTE: All Payments will be made by cheque payable to the person listed as the main applicant on the extension application. Payment will not be issued to a third party acting on behalf of the applicant.



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Application for a one off payment to cover the cost of an extension application.

To be completed by the applicant in English, BLOCK capitals and BLACK ink

Application for a one-off payment to cover the cost of an extension application.

Details of Applicant / Payee

PLEASE ENSURE THE APPLICANT'S NAME IS GIVEN FULLY AND ACCURATELY AS PAYMENT WILL BE ISSUED BY CHEQUE TO THE NAME AS GIVEN ON THIS APPLICATION

1. Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please state) <input type="text"/>	
2. Surname/family name	<input type="text"/>					
3. First names	<input type="text"/>					
4. Date of birth	<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	Year
5. Nationality	<input type="text"/>					
6. Address in the UK, including post code (Please state the address where you want us to send the payment)	<input type="text"/>					
7. Your daytime telephone number (if you have one)	<input type="text"/>					
8. HSMP reference number	<input type="text"/>					
9. Original payment reference number (PRN)	<input type="text"/>					
10. Signed (applicant)	<input type="text"/>					
10. Date	<input type="text"/>					

FOR OFFICIAL USE ONLY

Notes:

Notes area for official use only.

Please confirm the date the application was raised on CID.	<input type="text"/>	
Does the applicant fall within the terms of the judgement?	<input type="text"/>	
Payment recorded on charging spreadsheet?	<input type="text"/>	
Officials Name	<input type="text"/>	
Authorised by	<input type="text"/>	
Date	<input type="text"/>	