

COMPLAINT ABOUT A GRAVE PROCEDURAL ERROR

Date _____

To
The Supreme Court
Box 2066
103 12 Stockholm

Applicant (the person who applies)

Last name, First name		Civic registration number
Address		
Telephone during daytime	E-mail	

Information about the judgment or decision the application concerns

Court	
Case reference	Date of the judgment or decision

(Please note that applications concerning judgments or decisions of the district court should be sent to the court of appeal)

The reasons for your application

If needed, continue on the back or on a separate paper

The evidence you wish to refer to

Signature