



Claim Form

In the High Court of Justice - Kings Bench Division. Media and Communications List.

Fee Account no.	
Help with Fees - Ref no. (if applicable)	H W F - Z H M - Q V Y
For court use only	
Claim no.	
Issue date	

You may be able to issue your claim online which may save time and money. Go to www.moneyclaims.service.gov.uk/make-claim to find out more.

Claimant(s) name(s) and address(es) including postcode
Mr David Scott, [REDACTED]



Defendant(s) name and address(es) including postcode

1. Sheffield Health & Social Care NHS Foundation Trust, Centre Court, Atlas Way, Sheffield, S4 7DQ
2. Chief Constable of South Yorkshire Police, Carbrook House, Carbrook Hall Rd, Sheffield S9 2EG
3. Ms Gill Furness MP of House of Commons, London, SW1A 0AA
4. North London NHS Foundation Trust, St Pancras Way, London, NW1 0PE
5. Commissioner of Police of the Metropolis, New Scotland Yard, Broadway, London, SW1H 0BG

Brief details of claim

The 2nd Def. targeted the Claimant because he is an autistic activist, which included unnecessary welfare checks, malicious investigations with further civil violations, and false statements in police records/national databases. These were a deliberate attempt to cause him distress and other harms. The 3rd Def. then deliberately made false statements about him to the 4th/5th Def., who recklessly passed these statements to the 1st Def., who recklessly published and added to them in their own records and on national databases. These actions were from malice and/or discrimination/victimisation, and because of his scientific and political beliefs. These beliefs include that the NHS is recklessly harming and killing autistic people and others, which the Defs are refusing to prevent. These have caused serious harm to reputation, serious financial harm, injury to feelings, psychological distress, and other losses/damages. I am also seeking aggravated and punitive damages. The causes of action include assault & battery, false imprisonment, trespass to goods and property, conversion, misfeasance in public office, §2 Protection from Harassment Act 1997, Defamation Act 2013, Data Protection Act 2018 & Article 5(1)(d) GDPR, §13, §26, §27, & §29 Equality Act 2010, and Articles 2, 3, 5, 6, 8, 9, 10 & 14 ECHR as incorporated in Human Rights Act 1998.

Value

The value of the Claim is unspecified but I expect to recover more than £100,000.

Defendant's name and address for service including postcode

As per the Defendant's names and addresses above except for the First Defendant, which is:

DAC Beachcroft, Sovereign House, Imperial Way, Newport, NP10 8UH (NHS607-2453072 - DZW)

	£
Amount claimed	Unspecified
Court fee	0
Legal representative's costs	0
Total amount	Unspecified

For further details of the courts www.gov.uk/find-court-tribunal.

When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Claim no.

You must indicate your preferred County Court Hearing Centre for hearings here
(see notes for guidance)

Do you believe you, or a witness who will give evidence on your behalf, are vulnerable in any way which the court needs to consider?

Yes. Please explain in what way you or the witness are vulnerable and what steps, support or adjustments you wish the court and the judge to consider.

No

Does, or will, your claim include any issues under the Human Rights Act 1998?

Yes

No

Claim no.

Particulars of Claim

attached

to follow

[Empty rectangular box for claim particulars]

Statement of truth

Note: you are reminded that a copy of this claim form must be served on all other parties.

I understand that proceedings for contempt of court may be brought against a person who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I believe that the facts stated in this claim form and any attached sheets are true.

The claimant believes that the facts stated in this claim form and any attached sheets are true. I am authorised by the claimant to sign this statement.

Signature



Claimant

Litigation friend (where claimant is a child or protected party)

Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day

05

Month

12

Year

2025

Full name

David Scott

Name of claimant's legal representative's firm

N/A

If signing on behalf of firm or company give position or office held

N/A

Claimant's or claimant's legal representative's address to which documents should be sent.

Building and street

Second line of address

Town or city

County (optional)

Postcode

If applicable

Phone number

DX number

Your Ref.

Email