APPLICATION FOR LEAVE TO APPEAL/ NOTICE OF APPEAL

Please read the information notes and the guidance on how to apply for leave to appeal, or to appeal, before completing this form. Please use black ink. Please complete the form in CAPITALS.

First name	Address	
not name	7.001000	
Surname		
Fitle (e.g. Mr/ Mrs/ Ms)		
Title (c.g. Wii/ Wiis/ Wis)		
	Postcode	
Email address	Contact telephone number	
-maii address		
Important – Please inform us if your conf	tact details change at a later date	
Are you willing to accept service of documents by	e-mail? Yes No	
Section B - APPOINTEES		
Have you been appointed by the Department for act on behalf of someone else, because that pers	Communities to son is unable to Yes No	
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Section D – ABOUT THE TRIBUNAL DECISION					
What was the date of the Tribunal decision that you want to appeal against? What was the Tribunal reference number?					
Have you been given a copy of the Tribunal decisi	on notice?	Yes		No	
Have you obtained a statement of reasons for the	Tribunal decision?	Yes		No	
Have you applied for leave to appeal to the Comm the legally qualified member of the Tribunal and re in response?		Yes		No	
An application which does not enclose a copy of each Commissioner <u>may</u> still admit such an application, every required.		_			а
Section E - LATENESS					
Has more than one month passed since you were senthat you had been granted leave to appeal, or since you for leave to appeal was refused or rejected by the legamember of the Tribunal?	our application	Yes		No	
If you ticked Yes , your application to the Commission	er is late.				
Please say below why you are late in submitting this focase should proceed even though your application is		and w	hy you th	nink yo	our

Section F – WHY YOU THINK THE TRIBUNAL'S DECISION WAS WRONG IN LAW

Remember that your application/appeal must set out your reasons for believing that the Tribunal's decision was wrong in law. (See the enclosed notes about what amounts to an error of law)						
Please set out as fully as possible what error of law you think the Tribunal may have made.						
Please use extra sheets of paper if there is not enough room for you to say everything.						

Section G – TREATING THE APPLICATION AS AN APPEAL	
Did the legally qualified member of the Tribunal grant you leave to appe	
If No , but the Commissioner grants you leave to appeal, do you consen the Commissioner treating and determining your application as if it was appeal, relying on the grounds you have submitted at Section F?	
If you are unsure what to say, you may leave this section blank	
Section H – ORAL HEARING	
Do you (or your representative) request an oral hearing before a Commissioner?	Yes No
If Yes, please give your reasons why here:	
Section I – YOUR SIGNATURE	
I apply for leave to appeal against the decision of the Tribunal OR	
I appeal against the decision of the Tribunal	
AND I authorise the named representative (if any) to act on my behalf in all pr Commissioner.	oceedings before the
Signature Date	

Now send or deliver this form, together with:

- A copy of the tribunal's decision notice
- A copy of the written statement of reasons for the tribunal's decision
- A copy of the notice informing you that the legally qualified member of the tribunal has granted or refused you leave to appeal, or has rejected your application

To the address below:

Office of the Social Security Commissioner, 2nd Floor, Royal Courts of Justice, Chichester Street, Belfast BT1 3JF