

APPLICATION FORM FOR LEAVE TO APPEAL / NOTICE TO APPEAL

**YOU SHOULD READ THE NOTES ON HOW TO APPLY FOR LEAVE TO APPEAL /
APPEAL TO A COMMISSIONER BEFORE COMPLETING THIS FORM**

OSSC1 (to be completed by Commissioners' Office staff)

**Application for Leave to Appeal
and Notice to Appeal**

Date received in Commissioners' Office

APPLICATION / APPEAL NUMBER

Please use **black** ink. Please complete the form in **CAPITALS**.
Please use extra sheets of paper if there is not enough room for you to say everything.
Please put your name at the top of each extra page.
* Delete as appropriate

SECTION A – ABOUT YOU

*Mr *Mrs *Miss *Ms

Your surname _____ Your first name(s) _____

Your address _____
(with postcode) _____

Your telephone number _____ Your date of birth _____

Are you acting on behalf of someone else? *Yes/*No

If your answer is **Yes** please give his or her details below –

Surname _____ First name(s) _____

Address _____

Date of Birth _____

SECTION B – ABOUT YOUR CASE

Is your case an application for leave to appeal or an appeal? *Application for leave/*Appeal

Does your case relate to Child Support? *Yes/*No

Does your case relate to Tax Credit? *Yes/*No

If your case does not relate to either of the above to which benefit does it relate?

What date did the Tribunal make the decision? _____

What was the Tribunal reference number? (This information will be on the Tribunal decision form)

Do you want a representative to act on your behalf in all proceedings before the Commissioner?

*Yes/*No If yes please give-

Representative's name _____

Representative's address with postcode (if possible) _____

Representative's daytime telephone number (if known) _____

SECTION C – PLEASE SAY WHY YOU THINK THE TRIBUNAL'S DECISION WAS WRONG

Remember that you can only apply for leave to appeal if you think the Tribunal was wrong because of one or more points of law. (See notes). Please set out as fully as possible why you think the Tribunal was wrong. Use an extra page if required.

Please put your name at the top of any extra page used

SECTION D – ORAL HEARING

Do you or your representative want to appear before a Commissioner?

*Yes/*No

If **Yes**, please state why _____

Would you like the hearing to be in private?

*Yes/*No

If **Yes**, please state why _____

SECTION E– REASONS FOR LATENESS

Application to a Commissioner for Leave to Appeal

Has more than one month passed since you were sent a notice that you had been refused leave or your application for leave had been rejected?

*Yes/*No

Notice of Appeal

Has more than one month passed since the ruling of the Chairman or legally qualified panel member granting you leave to appeal was sent to you?

*Yes/*No

If your answer is **No** to **either** of the above questions please proceed to **Section E** and sign and date the form.

However if your answer is **Yes** to **either** of the questions please say below why you are late in submitting this form to the Commissioner and why you think your case should proceed even though you are late.

Now proceed to the next section

SECTION F – WHAT TO DO

*I apply for **leave to appeal** against the decision of the Tribunal.

*I **appeal** against the decision of the Tribunal.

*I **authorise** my representative named in Section B to act on my behalf in all proceedings before the Commissioner.

Sign and date below

Signature _____ Date _____

Send this form together with:

- (1) a copy of the Tribunal's decision that you wish to appeal against;
 - (2) a copy of the written statement of reasons for that decision and a copy of the letter enclosing the written statement of reasons for the Tribunal's decision;
 - (3) a copy of the record of proceedings of the Tribunal: (this can be obtained from the Tribunal office if requested within 6 months of notification of the decision);
- and** (4) either the notice informing you that leave to appeal has been granted or the notice of refusal or rejection
to the address below.

PLEASE ENSURE THAT THE DOCUMENTS LISTED ABOVE ARE ENCLOSED WITH THE FORM. FAILURE TO DO SO MAY RESULT IN DELAYS IN PROCESSING YOUR CASE.

SEND TO: The Office of the Social Security Commissioners, Child Support Commissioners and Pensions Appeal Commissioners, 3rd Floor, Bedford House, 16-22 Bedford Street, BELFAST, BT2 7FD