

OFFICE OF THE SOCIAL SECURITY COMMISSIONERS AND
CHILD SUPPORT COMMISSIONERS AND
PENSIONS APPEAL COMMISSIONERS

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

PAC1 (to be completed by Commissioners' Office staff)

Date received:
Application for Leave to Appeal /
Notice to Appeal

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) _____

Telephone number _____

National Insurance Number _____

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 _____

SECTION B – ABOUT YOUR CASE

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

Type of Decision - *Entitlement/*Specified Decision

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

Do you or your representative request a hearing 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 D – REASONS FOR LATENESS

(a) 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

OR

(b) Notice of Appeal

Has more than one month passed since the ruling of the Chairman 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 E – 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

and (1) a copy of the Tribunal's Decision Notice that you wish to appeal against;
and (2) a copy of the Statement of Reasons for that decision;
and (3) the Chairman's Determination informing you that leave to appeal has been given, refused or rejected.
to the address below.

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

It may help the Commissioner to reach a decision in your case if you also send –

- (4) a copy of the Record of Proceedings of the Tribunal (this can be obtained from the Tribunal Office); and
- (5) a copy of the letter enclosing the Statement of Reasons for the Tribunal's decision.
- (6) the letter enclosing the Chairman's Determination.

NOTE: Do not hold up your application for these last three documents. You may send them on when available.

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