

OFFICE OF THE UPPER TRIBUNAL
(Belfast Hearing Centre)

**APPLICATION FORM FOR LEAVE TO APPEAL /
NOTICE TO APPEAL**

(War Pensions Assessment Cases)

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

UTNI 1 (to be completed by 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 - Assessment

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 Upper
Tribunal ?

*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 PENSIONS APPEAL
TRIBUNAL'S DECISION WAS WRONG**

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

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

SECTION E – WHAT TO DO

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

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

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

Sign and date below

Signature _____

Date _____

Send this form

and (1) a copy of the Pensions Appeal 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 Upper Tribunal to reach a decision in your case if you also send –

(4) a copy of the Record of Proceedings of the Pensions Appeal Tribunal (this can be obtained from the Tribunals Office); and

(5) a copy of the letter enclosing the Statement of Reasons for the Pensions Appeal 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 Upper Tribunal, 3rd Floor, Bedford House, 16-22 Bedford Street, Belfast BT2 7FD