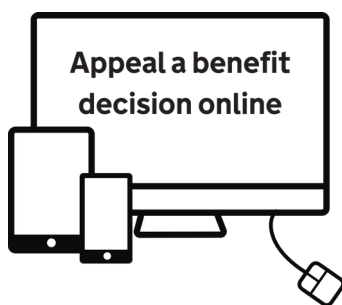




Benefit appeal form 1

Use this form to appeal against a decision about your entitlement to **Personal Independence Payment (PIP)** or **Employment and Support Allowance (ESA)**.

If you are appealing another benefit decision then you need to use a different appeal form.
Find the right form at: www.gov.uk/appeal-benefit-decision



Appeal online

You can submit this appeal online which means you do not have to post in this form or your Mandatory Reconsideration Notice (MRN). You can also save your appeal application and return to it in your own time.

Appeal online at

www.gov.uk/appeal-benefit-decision

Help filling in this form

You can ask someone who knows about the benefits system to help you fill in this appeal form, such as a welfare rights advisor. A friend or family member could also help you.

This form is available in other formats

You can download this form in Welsh or large print from: www.gov.uk/government/publications/appeal-a-social-security-benefits-decision-form-sscs1. If you need it in Braille then phone: 0300 123 1142.

Before you start

You need the following information to fill in this form:

- **Your Mandatory Reconsideration Notice (MRN)**

This is the letter that DWP sent you when you asked them to reconsider their decision about your entitlement to PIP or ESA. Contact DWP if you have not asked them to reconsider their decision yet.

- **Details of your representative (if you have one)**

Your representative can be an organisation like Citizens Advice Bureau, a welfare rights advisor, or a friend or family member. It is up to you whether you have a representative.

- **Reasons for your appeal**

The reasons you disagree with DWP's decision. You can write as much as you want.

Your appeal will be decided by an independent tribunal. They are separate from DWP.

Section 1: About your benefit appeal

Which benefit is your appeal about?

The name of the benefit is shown on any letter you have received about it

☐

Personal Independence Payment (PIP)

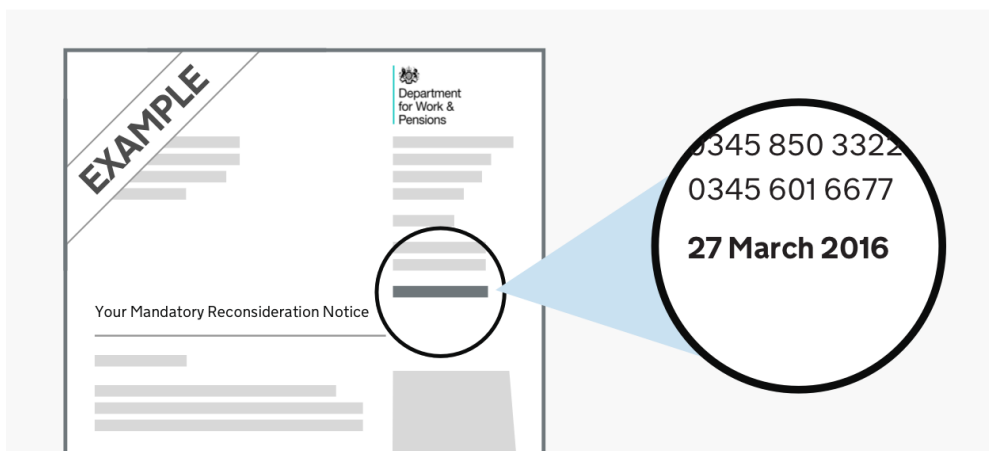
☐

Employment Support Allowance (ESA)

If you are appealing another benefit decision then you need to use a different appeal form.

Find the right form at: www.gov.uk/appeal-benefit-decision

When is your Mandatory Reconsideration Notice (MRN) dated?




Enter the date from the top right of your MRN letter

For example 27 03 2016

			/				/				
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If the date you have entered is over one month from today's date, briefly explain why your appeal is late

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Go to section 2 

Section 2: Your details

Use BLOCK CAPITALS

Fill in this section if you are:

- appealing a decision about your entitlement to benefits OR
- have been appointed by DWP or a court to deal with someone else's benefits OR
- a parent or guardian appealing on behalf of a child

Do not put your details here if you are helping someone fill in this form but you have not been officially appointed by DWP or a court to deal with their benefits.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Doctor ☐ Reverend

First name

Last name

Address line 1

Date of birth (DD/MM/YYYY)

 / /

Address line 2

National Insurance number

Address line 3

Do not provide your National Insurance number if you have been appointed by DWP or a court to deal with someone else's benefits.

Postcode

Email address

You will receive updates and a link so you can track your appeal online


Mobile phone number

Landline number (if you have one)

☐

SMS updates

You will receive free SMS updates and a link so you can track your appeal online.

If you are an appointee or appealing on behalf of a child, go to section 3 

If you are appealing for yourself, go to section 4 

Section 3: About the person you are appointed to support

Use BLOCK CAPITALS

Only fill in this section if you have been officially appointed by DWP or a court to deal with someone's benefits, or you are a parent or guardian appealing on behalf of a child.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Doctor ☐ Reverend

Their first name

Their last name

Their date of birth (DD/MM/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Their National Insurance number

Letters		Numbers				Letter		

Their address

Only enter their address if it is different from yours


Address line 1

Address line 2

Address line 3

Postcode

--	--	--	--	--	--	--

Go to section 4 

Section 4: About your representative (if you have one)

Use BLOCK CAPITALS

You can appoint someone as a 'representative' to help you with your appeal. This might be an organisation like Citizens Advice Bureau or an advisor, friend or family member who knows about the benefits system.

A representative can:

- help you submit your appeal or prepare your evidence
- act on your behalf
- assist you with your appeal

By entering their details here and signing this form, you are authorising the tribunal to deal with your representative about your appeal. This means they will receive all the information about your appeal, including any evidence that is submitted.

Provide as much information as you can about your representative.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Doctor ☐ Reverend

First name

Last name

Organisation (if they work for one)

Address line 1

Address line 2

Address line 3

Postcode

--	--	--	--	--	--	--	--

Email address

Your representative will receive email updates and a link so they can track your appeal online

Mobile phone number

Landline number (if they have one)

☐

SMS updates

You should check that your representative is happy to receive SMS updates

Go to section 5 

Section 5: The reasons for your appeal

This is where you explain to the tribunal why you are appealing. The tribunal use this information, and any evidence that you and DWP submit, to help them make a decision on your entitlement to the benefit.

DWP should have explained their decision in the Mandatory Reconsideration Notice (MRN) or the decision letter they sent you. Read your MRN and the decision letter, and write **what you disagree with** and **why you disagree with it**.

You can write as much as you want but you must provide at least one reason.

[illegible]

Providing evidence to support your benefit appeal

Evidence is any information that supports your appeal such as a letter, written statement or medical report. Useful evidence helps the tribunal understand the facts of your appeal.

You may want to ask your doctor, carer or someone who knows your circumstances well to write you a letter, explaining why they feel DWP's decision is wrong.

You can include evidence with this appeal form, or you can send it later. You should provide evidence as soon as possible so the tribunal have time to review it before they make a decision.


Section 6: Your appeal hearing (if you choose to attend)

Your appeal will be decided at a hearing using the information in this form and any additional evidence you send in. Information and evidence submitted by DWP will also be considered.

You can explain your reasons for appealing in person, if you come to the hearing.

Support can be arranged such as an interpreter, hearing loop or disabled access.

☐ I want to attend the hearing. Go to Section 7 

☐ I do not want to attend the hearing. Go to Section 9 

Section 7: Support at your hearing

Use BLOCK CAPITALS

Only fill in this section if you have said you want to attend the hearing for your appeal and you need some support.

You **cannot** bring your own interpreter to the hearing. Provide details below, if you need one.

Language interpreter

Language

Dialect

Sign language interpreter

Sign language

☐ Hearing loop

☐ Accessible hearing room

Any other support at your hearing (if you need it)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Go to section 9 

Section 8: Your availability for a hearing

Only fill in this section if you have said you want to attend the hearing.

You should make yourself available for the hearing but if you have a regular appointment or dates which you cannot miss then enter them below.

☐ I will make myself available for the hearing whenever it's scheduled

OR

I cannot attend a hearing on:

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Saturdays

Enter any individual dates you cannot attend a hearing

Only enter dates between 3 and 8 months in the future.

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

/ /

Enter any range of dates you cannot attend a hearing

Only enter dates between 3 and 8 months in the future

Date (DD/MM/YY)

From

/ /

To

Date (DD/MM/YY)

/ /

Date (DD/MM/YY)

From

/ /

To

Date (DD/MM/YY)

/ /

Go to section 9 

Section 9: Permission to access your medical information

The tribunal may want to view your medical records which are held by your doctor. These will be used to help the tribunal make a decision on your benefit appeal, if they are requested.

If you give permission and the tribunal request your medical records, they will be shared with DWP and your representative (if you have one).

☐

I give permission for the tribunal to access my medical records (fill out the details below)

☐

I do not give permission for the tribunal to access my records (go to section 11)

Your doctor's name

Your doctor's address

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

--	--	--	--	--	--	--	--

Your name (in **BLOCK CAPITALS**)

Your signature

Date (DD/MM/YY)

		/			/		
--	--	---	--	--	---	--	--

The tribunal will usually only request medical records. If you want your doctor to write a letter to support your appeal then you should ask them to do this separately.

Go to section 10 and sign your appeal 

Section 10: Sign and post

The information I have provided in this appeal application is accurate, to the best of my knowledge.

I give the tribunal permission to correspond with my named representative about my appeal (if you gave details of a representative).

Name (in **BLOCK CAPITALS**)

The person named on the appeal in section 2

Signature

The person named on the appeal in section 2

Date (DD/MM/YY)

 / /

Print

Representatives should not sign this form

Where to post your appeal form

If you live in **England or Wales**

**SSCS
PO Box 12626
Harlow
CM20 9QF**

If you live in **Scotland**

**HMCTS SSCS Appeals Centre
PO Box 27080
Glasgow
G2 9HQ**

Make sure you include your **Mandatory Reconsideration Notice (MRN)** when you post your appeal form.

What happens after you submit your appeal has been received

1. DWP will be told that you have appealed their decision
2. DWP will send the tribunal information in response to your appeal
3. The tribunal will book the hearing for your appeal (if you have chosen to attend the hearing)
4. The tribunal will make a decision on your entitlement to benefits

It is very difficult to say how long it will take to get a decision on your appeal but it may be several months.

Track your appeal online

You can receive email and SMS updates and a link so you can track your appeal online, if you are appealing a PIP or ESA decision. Make sure you have written your email or mobile phone number in section 2.

Your personal information

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address

www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter

To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024.

If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.

[illegible]

Blank lined paper for writing.

(Continue on a separate sheet if you run out room)

Section 8: Your availability for a hearing

Only fill in this section if you have said you want to attend the hearing.

You should make yourself available for the hearing but if you have a regular appointment or dates which you cannot miss then fill them in below.

☐ I will make myself available for the hearing whenever it's scheduled

OR

Fill in the dates you cannot attend a hearing

Only provide dates between 3 and 8 months in the future.

Month **M A R**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Go to section 9 