# Appeal To The First-Tier Tribunal (Immigration And Asylum Chamber)

A. Do you want to have your appeal decided at an oral hearing or on the papers	?
You should tick the 'oral hearing' box if you want to have an oral hearing that you and/or your representative plan to attend. You will need to pay the appropriate fee f an oral hearing.	Tick one box  Oral Hearing
You should tick the 'paper hearing' box if no one will attend and you want to have or case determined on the papers provided. You will need to pay the appropriate fee for a paper hearing.	
If you meet our exemption and remission criteria you may not need to pay a fe	ee. Please refer to [guidance] to check this.
<b>B.</b> If you have chosen to have an oral hearing, please mark the box of anyone who will attending your hearing to <b>give evidence</b> .	ll be Sponsor
	Witness
	Your representative
C. Are you in receipt of legal aid funding, Asylum Support Finding or support under s.17 of the Children's act 1989?	No Complete payment details below
You should provide a reference and any supporting documents. Failure to do so ma	Legal Aid
result in a fee being required.	Asylum Support
	Section 17
Reference Number	
For Staff Use Only	
Lord Chancellor's Certificate of Fee Satisfaction issued date	1
No Lord Chancellor's Certificate of Fee Satisfaction issued date	

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re you paying for the appeals of any me opeal against an immigration decision?		
		Yes (Give details in the table below
You should note that the total	fee you pay will be calculated by the [continue on a separate sheet if required]	
Name	Relationship	Appeal number / Post reference number
Ple	ase see page 2 for details of how to p	pay a fee

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#### **PAYING YOUR APPEAL FEE**

Unless your appeal is of a type exempt from payment, you are in receipt of Legal Aid or Asylum Support or support under Section 17 of the Children's Act 1989, or you have applied for and received a fee remission under the Lord Chancellor's exceptional power you will need to pay a fee. If you do not do so, your appeal will either be rejected or struck-out without a decision being made on it.

If you wish to pay your fee using a payment card, please provide the details below. You should ensure that the payment card you provide has sufficient credit to cover the fee, which will be taken in Pounds Sterling. If your card is declined then your appeal will be delayed whilst we contact you for an alternative payment.

Please note that as an alternative to sending this form to the tribunal, you can lodge your appeal online and pay your fee at [URL]

If you are unable to pay now using a payment card, you should send your appeal ensuring that you sign at section 4 to indicate that you understand that a fee is payable, and will pay the fee when given instructions to pay by alternative methods. Tribunal staff, on behalf of the Lord Chancellor, will write to you once your appeal is received, providing you with details of the methods available for you to pay your fee.

Payment card details	
If you choose to pay your fee by providing details of a payment card, please enter them below. You carefully since if the tribunal is unable to process these details it could delay your appeal.	should ensure that you enter them
Once your payment has been processed, the tribunal will destroy your payment card details.	
Card number:	
Name on the Card:	
Expiry date:	
Start date:	
Issue number:	
Security Code:	
I authorise Her Majesty's Courts and Tribunal's Service to debit from the payment card the	e appropriate fee for my appeal
Signed	
Name	ate

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	Appeal Lodged: For FTT(IAC) use only)	Type of decision: Tick one box  Asylum  Non Asylum
Do you wish to have your appeal decided of An oral hearing is a hearing at which you will you fail to do so. An appeal on the papers me on the appeal form and any other documents	I have the opportunity to attend, but the eans that the appeal will be decided on	
Section 1 - Personal Information		
A. Family Name or Surname		
(For instance as shown on your passport)		
<b>B.</b> Given or First Name(s)  (For instance as shown on your passport)		
C. Title (Mr / Mrs / Miss / Ms or Other)		
D. Date of birth (Day/Month/Year)		
E. Gender	Male Female	
F. Address where you can be contacted.		
<b>Notice</b> : If you change your address, you <b>mu</b> the First-tier Tribunal immediately in <b>writing</b>		
I	Postcode	
Email	Address	
G. Prison Reference (if applicable)		
H. Nationality (if more than one, state all)		
I. If you have chosen to have an oral hearing, be attending?	who will Yourself Your	representative

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J. Will anyone giving evidence at the hearing need an interpreter?	No Yes - give details below
Who:	
Language:	
Dialect:	
<b>K.</b> If anyone attending the hearing has a disability, state any s	special requirements they have.
If you are detained under the Immigration Ac provide the following information:	ts or in prison serving a criminal sentence, please
L. Are removal directions currently set for you?	☐ Yes ☐ No
M. Time of removal	
N. Date of removal	
O. Are you currently serving a criminal sentence?	Yes No
P. If yes, what date is your sentence due to end?	
Q. What category prisoner are you? (please tick as appropriate)	☐ A ☐ B ☐ C ☐ D

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Section 2 - Your Home Office Decision (re	fer to your Notice of Decision)
A. Home Office Reference Number	
B. Port Reference Number	
C. COHID Reference	
D. Method of service of decision.  Other (please specify)	Post Fax / Personal Service Courier
E. Date of Refusal Decision (the date of the decision against which you are appealing)	
F. Date Notice of Decision sent	
G. Are you sending your Notice of Decision?	Yes No - please explain below
Applying for Anonymity	
The tribunal will publish your name on documents relating anonymity which, when granted, will result in the tribunal	g to your case which can be viewed publicly. You can apply to the tribunal for removing your name from all published documents.
The Application for Anonymity form can be found online a hmctsformfinder.justice.gov.uk/HMCTS/GetForm	at:

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ection 3 - Your App	<b>70u</b> i
our appeal must be receive ome Office.	ed at the <b>Tribunal</b> not later than <u>14 Calendar days</u> after you are sent the notice of the decision by the
	s late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain e box below. You should send any supporting evidence to the tribunal as soon as possible.
If you are sending any otl Please list them here:	her documents with this form to support your appeal, they must be in English or a certified translation.

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If you are <b>intending</b> to send	other documents th	at are not yet ava	ilable to you. Pleas	e list them here:	

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#### D. Grounds of your appeal

- You must let us know the reasons you disagree with the decision on the Notice of Decision document.
- Include any information that has not been mentioned in the Notice of Decision and say whether you have raised these issues before.
- You **must** give as much detail as possible as you may not be allowed to mention any further grounds at a later date. Attach any evidence / additional sheets of paper if necessary.
- If your appeal relates in whole or in part to an **Asylum decision**, complete all of **boxes 1 to 6** that apply to you.
- If you are not sure which boxes apply to you or there are other points of the refusal letter that you disagree with, write your grounds in **box 7**.
- If your appeal relates to a **Non Asylum** decision complete **box 8**.

lum Danieles				
lum Decision	Have Office below 117 117	the street and the second		
ou disagree with the nd give reasons to sup	Home Office's interpretation of <b>the s</b> oport your point of view.	ituation in your country, p	olease explain why in this b	OX,

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2. If the Home Office has suggested that you could live safely in another part of the country of origin, and you disagree, please explain why in this box.

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3. If the Home Office ha	s stated that your claim is <b>no</b>	t credible, and you disag	ree, please explain why	in this box.	

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4.	If the Home Office has stated that you do not qualify as a refugee on grounds of race, religion, nationality, membership of a particular social group or political opinion (under the criteria of the 1951 Geneva Convention), and you disagree, please explain why in this box.

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<b>5.</b> If	he Home Office has stated that specific articles of the <b>European Convention on Human Rights</b> (ECHR) do not apply to your se, and you disagree, please explain why in this box.

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7. If there is anything else that you disagree with in the Home Office letter, please explain why in this box.				

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8. If your appeal relates to a non-asylum decision with which you disagree, you must give your reasons below and refer to the paragraphs of the refusal letter (you may continue on a separate sheet if necessary).

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Statement of additional grounds If your notice of decision requires you to make a statement of additional grounds, you should make the statement in the box below. If there are any other reasons why you think:				
<ul> <li>you should be allowed to stay in the United Kingdom, including any reasons relating to the European Convention on Human</li> <li>you should not be required to leave</li> </ul>				
Do not repeat any grounds and reasons that you have already given in Section 3D.				

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E. Have you appealed a United Kingdom or ov		igration decision in the No Y	es - give details below			
	Date	Appeal number (if kno	own)			
F. To the best of your knowledge and belief has any member of your family, a Dependant or anyone planning to accompany you made an appeal or are they planning to appeal against a United Kingdom immigration decision?						
Nar	me	Relationship	Appeal number / Post reference number			
Section 4 - Your o	leclaration					
If you are the appellant and are completing this form yourself, you must sign and date this declaration.						
Declaration - I, the appellant, believe the facts stated in this appeal form are true.						
If a fee is payable for my appeal, if I have not provided fee payment or payment card details, I undertake to pay the fee in accordance with the instructions I receive from the tribunal. I therefore apply for a Lord Chancellor's Certificate of Fee Satisfaction.						
Signature:	Signature: Date					

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Section 5 - Representative Details (refer to guidance notes)				
A. Name of Representative				
B. Name of Representative's Organisation (if any)				
C. Postal address for correspondence				
Postcode				
D. Reference for correspondence				
E. Telephone number				
F. Mobile telephone number				
G. Fax number				
H. Email address				
I. Legal Aid reference number				
J. Legal Aid Area				
Declaration by the representative - to be completed only when signing on behalf of the person named in Section 1 of this form  I, the representative, am giving notice of appeal in accordance with the appellant's instructions and the appellant believes that the facts stated in this appeal form are true.				
Signature:	Date			
Legal Aid  I, the representative certify that the appellant is in receipt of Legal Aid and is therefore exempt from paying a fee on this appeal.				
Signature:	Date			
Maa	ice to representatives			

You must notify the First-tier Tribunal, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the appellant's full name, address, and Post Reference number.

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# **Data Protection statement**

Information, including personal details that you have provided in this form will not be used by the First-tier Tribunal, for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes

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