

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 for 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 your case determined on the papers provided. You will need to pay the appropriate fee for a paper hearing.

☐ **Papers**

B. If you have chosen to have an oral hearing, please mark the box of anyone who will be attending your hearing to **give evidence**.

☐ Sponsor

☐ Witness

☐ Your representative

C. Some appeals do not have to pay a fee. Please tell us if you currently get:

☐ Legal Aid

☐ Asylum Support

☐ Support or services under section 17* of the Children's Act (a letter from your local council will confirm this)

☐ Accommodation under section 20* of the Children's Act (a letter from your local council will confirm this)

OR

☐ You did not have to pay a fee to the Home Office when you made your Human Rights application as you were exempt under exceptions 4.5 or 9.4 of the 2016 Fee Regulations

☐ If you DO NOT receive any of the above please click here

You need to provide a reference number (if you have one) and send the tribunal (by email or post) any supporting documents to show that you do not have to pay. If you do not provide these, you may have to pay the fee.

Reference Number

For Staff Use Only

Date Appeal Lodged

Online Payment Amount (£)

Payment URN

Submission URN

Payment made by

Relationship

Appeals Linked to Payment

Appellant email address

D. Are you paying for the appeals of any member of your family or anyone planning to appeal against an immigration decision?

☐ No

☐ Yes (Give details in the table below)

Name	Relationship	Appeal number / Post reference number

Appeal Lodged:
(For FTT(IAC) use only)

Type of decision: *Tick one box*

☐ Protection (PA)

☐ EEA (EA)

☐ Human Rights (HU)

☐ Deprivation of Citizenship (DC)

☐ Revocation of Protection
Status (RP)

Do you wish to have your appeal decided on the papers or at an oral hearing?

An **oral hearing** is a hearing at which you will have the opportunity to attend, but the hearing may go ahead if you fail to do so. An appeal **on the papers** means that the appeal will be decided on the information you provide on the appeal form and any other documents submitted as evidence.

☐ Oral Hearing

☐ Papers

Section 1 - Personal Information

A. Family Name or Surname

(For instance as shown on your passport)

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.

Notice: If you change your address, you **must** notify the First-tier Tribunal immediately in **writing**.

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, who will be attending?

☐ Yourself

☐ Your representative

☐ Witnesses

J. Will anyone giving evidence at the hearing need an interpreter?

☐ No

☐ Yes - give details below

Who:

Language:

Dialect:

K. If anyone attending the hearing has a disability, state any special requirements they have.

If you are detained under the Immigration Acts or in prison serving a criminal sentence, please provide the following information:

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

Section 2 - Your Home Office Decision (refer to your Notice of Decision)

A. Home Office Reference Number

B. Port Reference Number

C. COHID Reference

D. Home Office A-N Reference

E. Date of Application to Home Office

F. Date of Home Office Decision

(the date of the decision against which you are appealing)

G. Method of service of decision.

☐

Post

☐

Fax / Personal Service

☐

Courier

Other (please specify)

H. Date Notice of Decision sent by Home Office

I. Have you been served with a deportation decision?

☐

Yes

☐

No

Applying for Anonymity

The tribunal will publish your name on documents relating to your case which can be viewed publicly. You can apply to the tribunal for anonymity which, when granted, will result in the tribunal removing your name from all published documents.

The Application for Anonymity form can be found online at:

hmctsformfinder.justice.gov.uk/HMCTS/GetForm.do?court_forms_id=2877.

Section 3 - Your Appeal

Your appeal must be received at the **Tribunal** not later than **14 Calendar days** after you are sent the notice of the decision by the Home Office.

A. If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below. You should send any supporting evidence to the tribunal as soon as possible.

B. If you are sending any other documents with this form to support your appeal, they must be in English or a certified translation. Please list them here:

C. If you are **intending** to send other documents that are not yet available to you. Please list them here:

D. Grounds of your appeal

You must:

- Let us know the reasons you disagree with the decision on the Refusal Letter document.
- Include any information that has not been mentioned in the Notice of Decision and say whether you have raised these issues before.
- Give as much detail as possible and should raise all the grounds of appeal you wish to rely on. The Tribunal is not permitted to consider grounds that you raise which have not been the subject of a decision by the Home Office unless the Home Office agrees to the Tribunal considering those new grounds.
- If your appeal relates in whole or in part to a refusal of a **Protection claim**, complete **boxes 1 and/or 2** that apply to you.
- If your appeal relates only to the refusal of a **Human Rights claim**, complete **box 3**.
- If your appeal relates only to a **Revocation of Protection Status Decision**, complete all of **boxes 4 and 5** that apply to you.
- If your appeal relates in whole or in part to an **EEA Decision**, complete **box 6**.
- if your appeal relates to an **EU settlement scheme decision**, **EUSS family permit and travel permit**, a **frontier worker decision** or a **healthcare visitor decision** or if you believe the decision breaches the **withdrawal agreement**, **EFTA separation agreement** or **Swiss citizens' rights agreement** complete **box 6**
- If you are not sure which boxes apply to you or if your appeal is against the **Deprivation of Citizenship** write your grounds in **box 7**.

Protection Decision

1. Please explain why your removal from the United Kingdom would breach the United Kingdom's obligations under the Refugee Convention.

2. Please explain why your removal from the United Kingdom would breach the United Kingdom's obligations in relation to persons eligible for a grant of humanitarian protection.

Human Rights Decision

3. Please explain why the decision to refuse your human rights claim is unlawful under section 6 of the Human Rights Act 1998. You should specify which article of the Human Rights Act you are appealing under.

Revocation of Protection Status Decision

4. Please explain why the decision to revoke your protection status breaches the United Kingdom's obligations under the Refugee Convention.

5. Please explain why the decision to revoke your protection status breaches the United Kingdom's obligations in relation to persons eligible for humanitarian protection.

EEA Decision

6. If you believe that the Home Office decision is restricting your rights under the EEA right to free movement, please explain why

If you believe the EU Settlement Scheme decision, EUSS family permit and travel permit, frontier worker decision EUSS Family Permit and Travel Permit or healthcare visitor decision was not in accordance with the relevant legislation/immigration rules please say why.

If you believe the decision breaches the withdrawal agreement, EFTA separation agreement or Swiss citizen' rights agreement then please explain why.

Deprivation of Citizenship Decision

7. If you are unsure which box to complete or if your appeal is against the deprivation of citizenship please provide details in this box

E. New Matters

Please describe in this box any new reasons for:

- wishing to enter or remain in the UK, or
- grounds on which you should be permitted to enter or remain in the UK, or
- grounds on which you should not be removed from or required to leave the UK **provided that** you have already informed the Home Office about these reasons in response to a notice served on you in terms of section 120 of the Nationality, Immigration and Asylum Act 2002

F. Have you appealed against any other immigration decision in the United Kingdom or overseas? ☐ No ☐ Yes - give details below

Date	Appeal number (if known)

G. 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? ☐ No ☐ Yes - give details below

Name	Relationship	Appeal number / Post reference number

Section 4 - Your declaration

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.

☐ Agreed

Date

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.

☐ Agreed

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.

☐ Agreed

Date

Notice 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.**

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