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

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	Tick one box
for an oral hearing.	✓ 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
and having year meaning to g . To exhaustice.	Witness
	Your representative
C. Are you in receipt of legal aid funding, Asylum Support Funding or support under s.17 of the Children's act 1989?	✓ No
You should provide a reference and any supporting documents. Failure to do so may	Legal Aid
result in a fee being required.	Asylum Support
	Section 17
Reference Number	

For Staff Use Only

Date Appeal Lodged 31/05/2022 11:31:14

Online Payment Amount (£) 0

Payment URN

Submission URN 229910219260

Payment made by

Relationship

Appeals Linked to Payment

Appellant email address

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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
-			
-			

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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 much on the appeal form and any other documents	I have the opportunity to attend, but the eans that the appeal will be decided o	e hearing may go ahead if
Section 1 - Personal Information		
A. Family Name or Surname	Server 2	
(For instance as shown on your passport)		
B. Given or First Name(s)	Test	
(For instance as shown on your passport)		
C. Title (Mr / Mrs / Miss / Ms or Other)	Mr	
D. Date of birth (Day/Month/Year)	2/3/1912	
E. Gender	✓ Male ☐ Fema	ale
F. Address where you can be contacted.	Test	
Notice : If you change your address, you mu the First-tier Tribunal immediately in writin		
	Albania	
1	Postcode TE12EST	
Email	Address	
G. Prison Reference (if applicable)		
H. Nationality (if more than one, state all)	Algerian	
I. If you have chosen to have an oral hearing, be attending?	who will	ur representative

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J. Will anyone giving evidence at the hearing need an interpreter?	✓ No ☐ Yes - give details below
Who:	
Language:	
Dialect:	
V If anyone attending the bearing has a disability state any a	procial requirements they have
K. If anyone attending the hearing has a disability, state any s	special requirements they have.
If you are detained under the Immigration Act 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	12345678901234
B. Port Reference Number	
C. COHID Reference	
D. Method of service of decision.	Post Fax / Personal Service Courier
Other (please specify)	
E. Date of Refusal Decision (the date of the decision against which you are appealing)	4/4/2020
F. Date Notice of Decision sent	2/3/2021
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	g to your case which can be viewed publicly. You can apply to the tribunal for
anonymity which, when granted, will result in the tribunal The Application for Anonymity form can be found online a	
hmctsformfinder.justice.gov.uk/HMCTS/GetForm	

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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.
test
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:
test

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C. If you are intending	ng to send other documents	s that are not yet availa	able to you. Please list	them here:	
test					

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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**.

Asylum Decision				
If you disagree with the F and give reasons to supple	Home Office's interpretation of the port your point of view.	e situation in your count	ry , please explain why in th	nis box,
test				

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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.
test

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3. If the Home Office has stated that your claim is not credible , and you disagree, please explain why in this box.	
test	

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If the Home Office has s particular social group o please explain why in th	stated that you do not qualify a or political opinion (under the c nis box.	as a refugee on ground criteria of the 1951 Gen	s of race, religion, nation and yeva Convention), and y	onality, membership of you disagree,	a
test					

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

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est .	

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

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. If your appeal relates to a paragraphs of the refusal l	non-asylum decision with etter (you may continue or	which you disagree, yon a separate sheet if n	ou must give your reaso ecessary).	ons below and refer to	the
est					

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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:			
 you should be allowed to stay in the United Kingdom, including any reasons relating to the European Convention on Human Rights you should not be required to leave 			
Do not repeat any grounds and reasons that you have already given in Section 3D.			
test			

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Ε	. Have you appealed aga United Kingdom or overs		gration decisio	n in the No Y	es - give details below	
		Date		Appeal number (if kno	own)	
F	. To the best of your know your family, a Dependan made an appeal or are to United Kingdom immigra	nt or anyone plannin hey planning to app	g to accompa	ny vou	es - give details below	
	Name			Relationship	Appeal number / Post reference number	
S	Section 4 - Your ded	claration				
lf	• • • • • • • • • • • • • • • • • • • •		•	f, you must sign and date thi		
				eve the facts stated in this a	•	
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.						
		Date ✓ Agreed 31/05/2022				
			_ •	31/05/2022		

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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. Date			
	Agreed		
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.			
	Date Agreed		
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.			

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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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