

Benefit appeal form

Personal Independence Payment (PIP) or Employment and Support Allowance (ESA) appeals only.

Use this form to appeal against a decision made by Department for Work and Pensions (DWP) about your entitlement to PIP or ESA. If you want to appeal a different benefit decision then go to: www.gov.uk/appeal-benefit-decision

Your appeal will be decided by an independent tribunal. They are separate from DWP and will make an impartial decision on your entitlement to benefits.



Make this appeal online

You do not have to post this appeal form or your Mandatory Reconsideration Notice (MRN) if you appeal online. 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

If you need this form in an alternative format, for example large print, Braille or Welsh, call 0300 123 1142 if you live in England or Wales and 0300 790 6234 if you live in Scotland.

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 anyone who is supporting you**
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.

Fill this form in using **BLOCK CAPITALS** in blue or black ink.

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 go to: www.gov.uk/appeal-benefit-decision and you can download the right form.

Was your Mandatory Reconsideration Notice (MRN) letter sent under one month ago? Look at the top right of your MRN letter to find the date it was sent.



It was sent under one month ago



It was sent over one month ago

If you have ticked the second box, briefly explain why your appeal is late:

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Section 2: About you


☐

I am appealing a decision that DWP made about my entitlement to benefits

Fill in section 3 


☐

I have been officially appointed by DWP to act on behalf of someone else to deal with their benefits

Fill in sections 3 and 4 

☐

I am a parent appealing on behalf of a child

Fill in sections 3 and 4 

If you are helping someone fill in this form but you have not been officially appointed by DWP to deal with their benefits, then they should sign this form in Section 10.

Section 3: Your details

Fill in this section if you are appealing a decision about your entitlement to benefits, or you have been officially appointed by DWP to deal with someone else's benefits.

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

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

First name

Last name

Address line 1

Date of birth (DD/MM/YYYY)

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Address line 2

National Insurance number

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Address line 3

Letters

Numbers

Letter

You do not need to provide your National Insurance number if you have been appointed by DWP to deal with someone else's benefits.

Postcode


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Contact phone number

Receive free updates and a link so you can track your appeal online

Mobile phone number

Email address

If you are appealing for yourself, go to section 5 

Section 4: Their details

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

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

Their first name

Their last name

Only enter their address if it is different from yours.

Address line 1

Their date of birth (DD/MM/YYYY)

 / /

Address line 2

Their National Insurance number

Address line 3

Letters

Numbers

Letter

Postcode

Now go to section 5 

Section 5: About your representative (if you have one)

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
- give you advice

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 about your representative as you can.

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

First name

Last name

Address line 1

Organisation (if they work for one)

Address line 2

Address line 3

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact phone number

Email address

SMS updates

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

Mobile phone number

They will receive email updates and a link so they can track your appeal online.

Now go to section 6 

Section 6: 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 must provide at least one reason for your appeal to be valid.

You must provide at least one reason for your appeal to be valid.

Reasons for your appeal (please write in BLOCK CAPITALS)

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. At the bottom right corner, there is a small italicized instruction: "(Write your reasons on a seperate sheet of paper, if you run out of room.)".

(Write your reasons on a seperate sheet of paper, if you run out of room.)

Evidence to support your benefit appeal

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

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

You can include evidence with this form or you can post it in later. You should send it as soon as possible so the tribunal have time to consider it before your hearing.

Now go to section 7


Section 7: 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 8 

☐ I do not want to attend the hearing. Go to Section 10 

Section 8: Support at your hearing

You cannot bring your own interpreter to the hearing. If you need one then tick the box below and the tribunal will book one for you.

☐ Language interpreter

Language

Dialect

☐ Sign Language interpreter

Sign language

☐ Hearing loop

☐ Accessible hearing room

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

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Now go to section 9 

SECTION 9 - OPTION 1

Section 9: Your availability for a hearing

Only fill this section in if you have said you want to attend your hearing, in section 7.

You should make yourself available for your hearing.

☐

I will make myself available for a hearing whenever you schedule it

Your appeal will not be for several months.

Write any dates that you know you cannot attend a hearing in the box below

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Now go to section 10 

SECTION 9 - OPTION 2

Section 9: Your availability for a hearing

Only fill this section in if you have said you want to attend your hearing, in section 7.

You should make yourself available for your hearing. If you have a regular appointment which you cannot miss then say which day it is on below.

☐ I will make myself available for a hearing whenever you schedule it

Or, I cannot attend a hearing on:

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

Write any other dates that you know you cannot attend a hearing below. Your hearing will not be for several months so only include dates at least 6 weeks in the future.

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Now go to section 10 

SECTION 9 - OPTION 3

Section 9: Your availability for a hearing

Only fill this section in if you have said you want to attend your hearing, in section 7.

You should make yourself available for your hearing.

☐

I will make myself available for a hearing whenever you schedule it

Below you can provide individual dates, range of dates or repeating days you cannot attend.

Individual dates

Date (DD/MM/YY)

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Date (DD/MM/YY)

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Repeating days

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Mondays

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Tuesdays

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Wednesdays

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Thursdays

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Fridays

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Saturdays

Now go to section 10 

Section 10: Sign and post

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

I give permission to correspond with my named representative about my appeal (if you entered details of a representative in section 4).

Name (please write in BLOCK CAPITALS)

The name and signature of the person named on the appeal in Section 2.

Signature

Date (DD/MM/YY)

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Where to send your appeal form

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

SSCS
HMCTS SSCS Tribunal
PO Box 12626
Harlow
CM20 9QF

What happens after you submit your appeal

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

Permission to access your medical information

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

Please note that if you give permission and the tribunal request your medical records, they will be shared with DWP and your representative.

Your doctor's name

Your doctor's last name

Your doctor's address

Address line 1

Address line 2

Address line 3

Postcode

☐

I give permission for the tribunal to obtain further medical evidence from my doctor to help them make a decision on my benefit appeal.

Your signature

Please note that the tribunal will only request medical records. You can still obtain your own evidence to support your appeal, such as a letter.