CONFIRMATION OF ATTENDANCE/REQUEST FOR TRAVEL WARRANT AND <u>EXTRA EXPENSES</u>

Please complete all details below and send to The Upper Tribunal, Administrative Appeals Chamber, 3rd Floor, Procession House, 55 Ludgate Hill, London, EC4M 7JW – at least **21 days** before the hearing.

Name:	File No:	
Address:	Date of Ho	earing:
	Time:	
	Venue:	
Confirmation of Attendance		
I will/ will not* be attending at ab	pove Oral Hearing	
Request for a Travel Warrant		
I will/will not* require a travel w	arrant. Nearest railwa	ay station to home:
Request for Extra Expenses		
I will/will not* require prior authorollowing:- (Please state reasons enclosing a Doctor's Certificate	why, continuing on a	separate sheet, if necessary,
Taxi:		
Overnight Stay:		
*Delete as appropriate.		
Note: If you or your representati judge may decide the case in your absence.	ve do not attend the h	nearing, the Upper Tribunal
Signature:		Date:
FOR OFFICIAL USE ONLY		
Request approved/Refused. [Taxi; Overnight Stay; Companion Tri	bunal Manager.	Varrant & Loss of Earnings]
Dated:		