

Part 1: Type of appeal

[1.1] Please tick as appropriate:

Refugee Refusal Only

- ☐ I wish to appeal against the recommendation of the International Protection Officer under section 39(3)(b) of the International Protection Act 2015 that I should not be given a refugee declaration.

OR

Refugee and Subsidiary Protection Refusal

- ☒ I wish to appeal against the recommendation of the International Protection Officer under section 39(3)(c) of the International Protection Act 2015 that I should be given neither a refugee declaration nor a subsidiary protection declaration.

OR

Subsidiary Protection Refusal Only

- ☐ I wish to appeal against the recommendation of the International Protection Officer under section 39(3)(c) in conjunction with transitional provisions in section 70(6)(d) of the International Protection Act 2015 that I should not be given a subsidiary protection declaration.

Part 2: Applicant's Details

[2.1] Personal Reference Number: 12334

[2.2] Full Name: Jim Diamnonig

[2.3] Any other Names used: jj

[2.4] Date of birth: 23/04/1990

[2.5] Address: The folly, waterford

[2.6] Telephone Number(s) (if any): 0812234344

[2.7] Nationality: Argentina

[2.8] Details of any dependents included in your appeal:

Name	Date of birth	Male or female	Relationship to Applicant	Personal Ref. No.
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[2.9] Details of any other family members living in the State:

Name	Date of birth	Male or female	Relationship to Applicant	Personal Ref. No.
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Notes: If you have any other family members with a claim for International Protection pending, the Tribunal may decide to hear the appeals together.

Part 3: Applicants under 18 and in the care of Tusla - The Child and Family Agency (if applicable)

[3.1] Name and address of Tusla - The Child and Family Agency representative:

[3.2] If you are in the care of a person other than a parent or Tusla - The Child and Family Agency, please insert here the name and address of that person.

Part 4: Legal Representation (if applicable)

[4.1] Do you have legal representation? Yes: ☒ No: ☐ (tick as appropriate)

[4.2] Name and Address of your legal representative:

Legal Aid Board 48 - 49 North Brunswick Street George's Lane
Dublin 7

[4.3] Telephone number: (01) 6469600

[4.4] Email address:

Part 5: Grounds of Appeal

[5.1] Ground 1: { }

[5.2] Ground 2: { }

[5.3] Ground 3: { }

Part 6(A): Documentation received by the applicant from the International Protection Office/Minister

- Please list below all documents that accompanied the notification of recommendation issued to you by the International Protection Office/Minister.

[6A.1] Document 1:

[6A.2] Document 2:

[6A.3] Document 3:

- If you require more space, documentation should be listed on separate sheet(s)
- **NB: You may be required by the Tribunal to supply the documents listed at 6(a) above**

Part 6 (B): Additional Documentation to be considered in your appeal.

[6B.1] Document 1:

[6B.2] Document 2:

[6B.3] Document 3:

- Please list here all documents and/or records other than those listed at 6(A) above on which you propose to rely for the purposes of your appeal.
- If you require more space, documentation should be listed on separate sheet(s).
- **NB: The documents listed above at 6(B) must accompany this form.**

Part 7: Oral Hearing (if applicable)

[7.1] Do you wish to have an oral hearing in connection with your appeal?

Yes: ☐ No: ☐

[7.2] If yes, do you require an interpreter?

Yes: ☐ No: ☐

[7.3] If yes, please specify the precise language or dialect for which you require interpretation.

{language }

Part 8: Accelerated Appeals (if applicable)

[8.1] Please set out any reasons why you consider it in the interests of justice that an oral hearing be held in your appeal.

Part 9: Witnesses

Name of Witness(es)	Contact details	Language for interpretation	Nature, purpose and relevance of the evidence
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Part 10: Application for Extension of Time (if applicable)

[10.1] Please set out the reasons why you were unable to lodge this appeal on time.

Part 11: Authorisation and Confirmation of Applicant

[11.1] I confirm that the answers set out in this form are true and correct.

Signed:

Applicant

Date:

[11.2] I authorise my legal representative to act on my behalf in respect of all matters with the Tribunal and to receive all correspondence and documents relating to my appeal.

Signed:

Applicant

Date:

Note: This part must be signed by the applicant. Where the applicant is a minor it should be signed on their behalf by a parent/guardian.