|  |  |
| --- | --- |
| **FIRST-TIER TRIBUNAL**  **ASYLUM SUPPORT**    **Notice of Appeal** | 2nd Floor  Import Building  2 Clove Crescent  London  E14 2BE  [asylumsupporttribunals@justice.gov.uk](mailto:asylumsupporttribunals@justice.gov.uk)  Tel: 020 7538 6171 |

**See the Guidance Notes for further information on completing this form**

**You must appeal within 3 days of receiving the decision against which you are appealing**

**SECTION 1: YOUR PERSONAL DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name(s): ………………………………………………………………………………………………….  **Please give your name according to Home Office records** | | | | | | |
| Date of Birth: ……………………………………… | | | | Nationality: ………………………………………… | | |
| Your Home Office Support reference number: ……………………………………………………………. | | | | | | |
| Do you have a disability or additional requirements? | **YES** |  | **NO** | |  | *Please tick the appropriate box* |

If **YES**, please detail your disability and any additional requirements to assist you in attending your hearing (such as attending by video/telephone):

………………………………………………………………………………………………………..

**SECTION 2: YOUR CONTACT DETAILS**

**You must give an address where you can receive your travel tickets by post for your appeal hearing:**

|  |  |  |
| --- | --- | --- |
| Address  Post Code | ……………………………………………………………………………………………  …………………………………………………………………………………………… | |
| Telephone: | …………………………………… Email: | ……………………………………… |

**SECTION 3: HOME OFFICE DECISION LETTER**

**Please give the date of the Home Office decision letter against which you are appealing.**

Date: ……………………………………………………………………………………………………………

**NOTE: You must attach a full copy of the Home Office decision letter to this form.**

**SECTION 4: TYPE OF HEARING**

**Please tick the appropriate box for the type of hearing you require.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I want my appeal determined on **the papers** | **YES** |  | **NO** |  |
| I want an **oral hearing** | **YES** |  | **NO** |  |
| I need an interpreter to help me at a hearing | **YES** |  | **NO** |  |
| **If you need an interpreter, you** **must** **state below the language you speak and the dialect:**  Language:………………………………………Dialect:………………………………………………  *(Please complete the interpreter information even if you have requested a paper appeal as the Judge may consider that an oral hearing is necessary).* | | | | |

**SECTION 5: REPRESENTATIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a representative helping you with this appeal? | **YES** |  | **NO** |  |
| If your appeal hearing is listed by video (CVP) can you go to your representative’s office for your appeal hearing? | **YES** |  | **NO** |  |
| Will your representative attend your appeal hearing? | **YES** |  | **NO** |  |

**If you have answered “yes” to these questions, you must provide your representative’s contact details in the box below, together with any reference number the representative has given your case.**

|  |  |
| --- | --- |
| Name:  Address  Post Code: | ………………………………………………………………………………………………….  …………………………………………………………………………………………………..  ………………………………………………………………………………………………….. |

Telephone: ……………………………………Email:…………………………………………………

**SECTION 6: GROUNDS OF APPEAL**

**You must complete this section.**

1. What are the grounds of your appeal? What matters in the Home Office decision letter do you disagree with?

(**Please use a continuation sheet if required**).

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. If your appeal is late, please explain the reason and why you should be allowed to appeal out of time

……………………………………………………………………………………………………………………………………………………………………………………………………………………………tracked…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | …………………………………………………  *(Appellant/Representative)*  ***YOU MUST SIGN AND DATE THIS FORM*** | Date: | ……………………………………. |

**RETURN THIS FORM BY EMAIL TO**: **[asylumsupporttribunals@justice.gov.uk](mailto:asylumsupporttribunals@justice.gov.uk)**

Only if you do not have an email, send by post to:

**Asylum Support Tribunal**

**Tribunals Service**

**2nd Floor Import Building**

**2 Clove Crescent**

**London E14 2BE**

The Asylum Support’s freephone number for appellants who wish to discuss any aspect of the appeal process is: **0800 681 6509.**

Further information about Asylum Support appeals is available on:

[**www.asylum-support-tribunal.gov.uk**](http://www.asylum-support-tribunal.gov.uk)

**………………………………………………………………………………………….**

**GUIDANCE NOTES**

**Please ensure that you complete all sections as fully as possible. Failure to do so may result in your appeal being delayed.**

1. If you have requested an oral hearing, it is in your interests to participate. If your appeal hearing is at Import Building in London, the Home Office will send travel tickets to you before your hearing date. **You must make sure you provide a postal address where these travel tickets can be delivered.**
2. If your appeal hearing has been listed for telephone or CVP hearing, there is no charge to you but you must:

a) give the Tribunal your telephone number in Section 2 of this form; and

b) make sure that your telephone does not block 0800 or unknown numbers and is working and charged at the time of your hearing.

1. If you have further information, which you would like the Judge to take into account when making a decision about your appeal, you should send this together with copies of any documents with this form.
2. If you have any problems understanding or filling out this form please find a voluntary refugee organisation within your area, which may be able to help you.