

APPEAL FORM

<i>For Official Use Only</i>	
<i>RECEIVED</i>	<i>REF</i>

Title* (delete as applicable)

Mr, Mrs, Miss, Ms*

Full Name (Appellant)

Date of birth

/ /

National Insurance Number

Address and postcode

Daytime telephone number

Email Address

Which benefit are you appealing against?

The date shown at the top of the letter advising you of the reviewed decision.

/ /

Please use the space on the back of this form to say why you disagree with the decision. You must tell us *why* you think the decision is wrong. It is not enough to say "I disagree with the decision" or "The money is not enough". The reason you give should be like these examples: "I think you have used the wrong figures to work out my mortgage interest, the right figures are ..." or "You have paid me from 1st July and I think I should be paid for two weeks before that because...", or (for DLA) "You say the attention I need is infrequent but I need attention at least eight times a day" or simply refer to the relevant paragraph in the decision notification and say why you disagree with it.

If you are appealing more than **ONE MONTH** after the decision was made please also say why your appeal has been delayed. If you are appealing against more than one decision, you must say why you do not agree with each one.

WHEN COMPLETED PLEASE SEND OR TAKE THIS FORM TO: Clerk to the Appeal Tribunals, Probate & Tribunals Section, Isle of Man Courts of Justice, Deemster's Walk, Bucks Road, Douglas, IM1 3AR. Telephone (01624) 685023

Please use this space to say why you disagree with the decision made.
You must say **why** you think the decision is wrong.

Have you arranged for someone to help you with your appeal? YES NO

If YES, please give their name and address so that a copy of the papers may be sent to them.

(Important: do not delay the return of this form while you arrange a representative. You can let us know their details later.)

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Date

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Signature

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