

Social Security Appeal Tribunal Hearing

Enquiry Form

IMPORTANT: Please complete in BLOCK CAPITALS and **return immediately**

Name:

Appeal Ref:

Question 1: Do you wish to have an oral hearing? You are strongly advised to attend at a hearing if possible as the Tribunal may wish to ask you questions. **(See leaflet GL24 (IOM) If you think our decision is wrong)**

Yes, oral hearing

No, papers only

Question 2: If you already have a representative, please provide their name and full address, so that they can be sent a copy of the appeal papers. **(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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Please contact The Isle of Man Law Society on 662910 for a copy of the list of articulated clerks willing to provide free assistance with Social Security appeals.

Question 3: Please give any dates or times to avoid

Question 4: A tribunal usually consists of a chairman and two members. If one of the members cannot attend for any reason (e.g. illness) are you still willing to have your appeal heard; the chairman having the casting vote in the event of disagreement?

Yes

No

Please sign, date and return this form IMMEDIATELY to the Clerk to the Appeal Tribunals, Tribunals and Probate Section, General Registry, Deemster's Walk, Bucks Road, Douglas, IM1 3AR.

If you do not return this form **within 14 days** of the date of the attached letter, **your appeal may stop.**

Your Signature: **Date:**