

# Notice of appeal against a decision of the Department for Work and Pensions

You should use this form to appeal against a decision made by the Department for Work and Pensions (DWP) about social security benefits. For decisions regarding child support or child maintenance, you should use form SSCS2. For appeals regarding recovery of compensation you should use form SSCS3. If you need this form in an alternative format, please see the note on page 6 of this form.

Further guidance to help you fill in this form is available in booklet SSCS1A 'How to appeal against a decision made by the Department for Work and Pensions'. You can download the booklet or find out where it can be obtained from by visiting the justice website [www.justice.gov.uk](http://www.justice.gov.uk)

## About this form

This form helps you provide all the information the tribunal requires to register your appeal. It will also ensure that your appeal contains all the necessary details which the law requires.

## How to fill in this form

Please use black ink to fill in this form and use BLOCK CAPITALS unless the form tells you not to.

### You must complete Sections 1, 2, 5, 6 and 8

If you want to **attend a hearing**, you must also **complete Section 7**

If you are appealing on **behalf of someone who a court or DWP has appointed you to act for**, you must also **complete Section 3**

If you have a **representative**, you must also **complete Section 4**

## What to include with this form

You **must** include a copy of the **mandatory reconsideration notice** which shows the decision you are appealing against. You do not need to include evidence/information you have already sent to DWP as they will send it to us as part of their response.

## Section 1 ABOUT THE DECISION YOU ARE APPEALING AGAINST

This section is about your **mandatory reconsideration notice**. This is the letter sent to you by DWP explaining that they have looked at your decision again.

Does your **mandatory reconsideration notice** tell you that you have the right to appeal against the decision?

Yes  No

Hopefully you can tick the yes box, otherwise you can't fill in this form at all.

If No, please ensure you have read the section 'Can I Appeal?' in the booklet SSCS1A 'How to appeal against a decision made by the Department for Work and Pensions' before continuing with this form.

Please tick this box to confirm that you have attached a copy of the **mandatory reconsideration notice** with your appeal form.

Please tick here

**Remember to include a copy of your mandatory reconsideration notice with your appeal form. If you do not do so, we will be unable to register your appeal until this is provided.**

Now go to Section 2 

## Section 2 ABOUT YOU

Fill in this section if the decision you are appealing against is about **your** benefit or the benefit of a person **you** have been appointed by DWP or a court to take care of. If you are appointed by DWP or a court to take charge of another person's benefit, you should also record **their** details in Section 3.

Mr    Mrs    Miss    Ms    Other (please specify)

First name(s)

Surname

Address

Date of birth (DD/MM/YYYY)

/ / 

National Insurance number\*

letters	numbers	letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

*\* If you are appealing on behalf of a child or other person and you have provided their National Insurance number in Section 3, you do not need to provide your own National Insurance number.*

Please fill in every one of these boxes

Postcode

Daytime phone number

Mobile phone number

Now go to Section 3 

## Section 3 ABOUT A CHILD OR OTHER PERSON YOU ARE APPEALING FOR

This section is for people who are making an appeal on behalf of someone they have a legal responsibility for. This might be a parent acting for a child or a person who has been appointed by DWP or a court to look after the affairs of another adult.

Are you appealing on behalf of a child or other person whose affairs you have been appointed to take care of?  Yes   If Yes, please tell us about the person below  
 No   If No, please go to Section 4 

Mr    Mrs    Miss    Ms    Other (please specify)

First name(s)

Surname

Address (if the person's address is different from your own)

Date of birth (DD/MM/YYYY)

/ / 

National Insurance number

letters	numbers	letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postcode

Only fill in these boxes in Section 3 if the appeal is for a child

Now go to Section 4 

## Section 4 ABOUT YOUR REPRESENTATIVE (If you have one)

This section is about your representative (if you have one).

By representative we mean someone acting on your behalf in a formal capacity. This might be an organisation like the Citizens Advice Bureau or a welfare rights service or it may be a friend or advisor who knows about social security matters. If you name a representative here and give your signature at Section 8, this will authorise us to deal with your representative about your appeal. If you are unsure about this, please read the section 'About Your Representative' in the guidance booklet SSCS1A.

Do you have a representative? **Tick the yes box if we have agreed to help you**  Yes If Yes, please tell us about the person below  
 No If No, please go to Section 5 

Name of organisation or of person representing

Equal Lives

Phone number

01508 491210

Address

15 Manor Farm Barns  
Fox Road  
Framingham Pigot  
Norwich  
NR14 7PZ

Postcode

NR14

7PZ

If you are being represented by an organisation and you know the name of the person acting on your behalf, please tell us below

Mr  Mrs  Miss  Ms  Other (please specify)

**Leave this bit blank if you are saying that Equal Lives will act as your representative**

First name

Surname

Now go to Section 5 

**Please note that this does not mean that we have agreed to attend your appeal hearing - there are a variety of ways in which we offer to help you.**

## Section 5 ABOUT YOUR APPEAL

### Grounds for appeal

In this section we need to know why you are appealing. Please write down in your own words the reasons why you disagree with DWP's decision. You do not have to use BLOCK CAPITALS in this section if your handwriting is clear. If you do not complete this section this will delay dealing with your appeal and the appeal form may be returned to you. For more information on grounds for appeal please refer to the 'About Your Appeal' section of the guidance booklet SSCS1A.

You need to be explaining why the decision they have made so far is wrong. If you are happy with some of the points they have awarded already, say so. Then say which points you think should also have been awarded, and why. If you have any additional evidence, you can mention it and send it with the form.

Please read our factsheet on 'Challenging decisions when you are unhappy'. If you don't know the rules for your benefit, you might need to look at the points system for ESA or PIP, all of which you can find on our website. For a descriptor to apply, the DWP are supposed to look at what you can *reliably* do, not just what you can only do once a week or once a month. Doing something reliably means doing it safely, to an acceptable standard, as often as you need to and in a reasonable time. When they look at the distance you can walk or mobilise, they are only supposed to consider what you can do without severe discomfort. For ESA they will also consider whether you could use a manual wheelchair instead. They will always want to know what you are like with any reasonable aid or appliance that might help, and on your usual medication.

Here is an example of what you might write (this example is for someone who cannot walk very far, and only relates to someone with this condition - you need to write your own, please do not copy what is here):

*I have really bad pain in my knees and ankles because of arthritis. You think I can walk 100m because I sometimes go shopping but this is only once a month, if that. I'm always in a lot of pain and can hardly move for days afterwards. Most days, I can't walk more than 20m. This means I should have scored 12 points (for PIP)/ 15 points (for ESA).*

*(if necessary, continue on a separate sheet)*

### Is your appeal in time?

According to the law, your appeal **must be received by the tribunal** no later than **one calendar month** after the date the **mandatory reconsideration notice** was sent to you. If your appeal is received after this date, it is a late appeal and the tribunal will need to know why it is late.

Is your appeal late?

Yes If Yes, you must give reasons below why your appeal is late

Hopefully you can tick no  No If No, please go to Section 6 

If your appeal is late, you must give an explanation why. The tribunal will consider your reasons and can extend the time limit for you. If you do not give reasons why your appeal is late your appeal form may be sent back to you. Please tell us below why your appeal is late. You do not need to use BLOCK CAPITALS.

If you had to tick the 'yes' box, please explain why - usually they are very reasonable about the form being a day or two late but the general rule is that the longer the delay, the better your explanation needs to be. If it is very late, you will need to show that for example you suffered a bereavement or there were very serious health problems that prevented you dealing with things. If you are sending it late because you forgot, they are unlikely to be sympathetic. The absolute maximum delay they allow is 13 months, but you would need to have an exceptionally good reason for a delay that long.

The Department for Work and Pensions has the right to object to a late appeal. The tribunal will consider any objection they make and we will let you know the outcome.

Now go to Section 6 

## Section 6 ABOUT YOUR CHOICE OF HEARING

Appeals are considered by an independent panel. We will make arrangements for your appeal to be heard by the panel and you or your representative will be expected to attend the hearing. If, however, you do not wish to attend a hearing you can ask for your appeal to be decided on the papers. Please tell us below how you would like us to deal with your appeal.

**We recommend you tick the top box**

I want to attend a hearing of my appeal  If you have ticked this box, please go to Section 7 

I want my appeal decided on the papers  If you have ticked this box, please go to Section 8 

**You have a much better chance of success if you go to the hearing**

If you change your mind about this, you must tell us as soon as possible as it may be too late to change this once the hearing has been arranged. For more information, please refer to the 'About Your Choice of Hearing' section in the guidance booklet SSCS1A.

## Section 7 THE HEARING — YOUR NEEDS AND REQUIREMENTS

You only need to answer these questions if you told us in Section 6 that you wanted to attend a hearing. If you have asked for your appeal to be decided on the papers, please skip this section and go straight to Section 8.

In this section we need to ask you a number of questions to help us arrange a suitable hearing for you. We will try to accommodate your needs and availability, but it may not always be possible to do this. Please answer questions 1 to 4 to give us the information we require. If you do not answer some of the questions we will have to contact you again and this may delay your appeal. You do not have to answer these questions using BLOCK CAPITALS.

### Question 1 – Your availability

Tribunal hearings are held Monday to Friday from 10am to 5pm and in our larger hearing centres also on Saturday. To allow you to attend your hearing, we will try to arrange a time and date in line with your availability. It is important that you tell us here if there are any days of the week or times of the day when you **cannot** attend a tribunal or any dates when you are unavailable because of things like booked holidays and hospital appointments. You should consider your availability for the six months ahead.

Are you available to attend a hearing at any time?  Yes

No If No, please tell us when you cannot attend in the box below

**Explain any dates where you already have other commitments such as medical appointments in the next six months. If you need to, say "Please can you give me more than 14 days' notice as I am very worried about attending on my own, and it will mean that I am more likely to get support from a representative. All advice agencies in my area say they are unlikely to help if they don't get enough notice".**

### Question 2 – Your needs

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Do you have any special needs?  Yes If Yes, please tell us about this in the box below

No

**Self-explanatory - tick 'yes' if you need this help, and use this box to say what help you need**

### Question 3 – Your signer or interpreter and language requirements

Do you require an interpreter or signer to assist you at the hearing?

**Self-explanatory - tick 'yes' if you need this help**  Yes If Yes, please tell us the language and dialect required below

No

Language or type of sign language interpreter

Dialect

**Explain what you need**

**Explain what you need**

We will arrange for a professional interpreter to be present at the hearing. Please refer to the section 'Completing form SSCS1' in the guidance booklet SSCS1A for more information about interpreters.

#### Question 4 – Your notice of hearing

We will usually give you at least 14 days' notice of the date of the hearing. If you agree, we can also give you less than 14 days' notice. This may allow the hearing to be arranged more quickly if, for example, another hearing is cancelled and yours can replace it at short notice.

Do you agree to receiving less than 14 days' notice of a hearing?  Yes  No

Equal Lives cannot attend on short notice, so if you need our help, please do not tick the 'yes' box. Tick yes if you are happy to get a hearing date quickly and you have other help. Now go to Section 8 

### Section 8 YOUR SIGNATURE

You must sign your appeal form for it to be valid. If you have named a representative in Section 4, your signature will also give HMCTS your authority to deal with them when they contact us on your behalf.

Signature

Date (DD/MM/YYYY)

/ / 

Please write the date that you fill in the form, and make sure you post it as soon as you can.

Name

If you are a representative signing this form on behalf of the person who is appealing, you must send their signed authority for you to act on their behalf with this form. Equal Lives will not usually sign the form on your behalf.

#### WHAT TO DO NOW

You need to send your appeal form **and a copy of the mandatory reconsideration notice** to HM Courts & Tribunals Service.

**If you live in England or Wales** send your appeal to:

**HMCTS SSCS Appeals Centre  
PO Box 1203  
BRADFORD  
BD1 9WP**

**If you live in Scotland** send your appeal to:

**HMCTS SSCS Appeals Centre  
PO Box 27080  
GLASGOW  
G2 9HQ**

We will send you a letter to tell you we have received your appeal and explain what happens next.

#### CHECKLIST

You may find this checklist useful to help you make sure you have given all the information we need.

- I have included a copy of the **mandatory reconsideration notice (Section 1)**
- I have given grounds for my appeal **(Section 5)**
- I have chosen the type of hearing I want **(Section 6)**
- I or my representative have signed my appeal form **(Section 8)**

Check that you have included all of the things on this list, then take a copy for yourself and send the *original* form along with the Mandatory Reconsideration Notice and any evidence. Ask for proof of posting (free at the Post Office) and keep this with your copy. If we are helping, send copies to us.

#### Alternative Formats

If you need this form in an alternative format, for example in large print or Welsh, please call 0300 123 1142 if you live in England or Wales and 0141 354 8400 if you live in Scotland