



Tribunals Service

Social Security and
Child Support

Enquiry Form

Please complete in **BLOCK CAPITALS** and return this form to us within 14 days.

This form is issued to:

Name:

Address:

Issuing office:

Date of issue:

Office phone:

Appeal Reference Number:

National Insurance Number:

Your Phone Number:

Question 1

If you do not want to continue with your appeal, please tick this box and sign and return this form. We will then treat your appeal as withdrawn and contact you no further.

If you wish to continue with your appeal, please answer the following questions and sign and return this form by within 14 days in the envelope provided.

Question 2

Do you want to have a hearing where you and your representative, if you have one, can meet the Tribunal and put your case?

Yes

No

If yes, please tell us if there are any days of the week, when you are regularly **NOT** available for a hearing?

If you have ticked **NO** to Question 2, we will go ahead on the basis that you have no objection to your appeal being decided by the Tribunal in your absence. You can still write to us with anything you would like the Tribunal to take into consideration, but please do so within the next 14 days.

Question 3

If you have ticked **YES** to Question 2, we will usually give you at least 14 days notice of the date of your hearing.

Please tick this box if you would be willing to accept shorter notice. This may allow your appeal to be arranged more quickly, for example, should another appeal be cancelled.

Question 4

Do you need an interpreter?
If you do, we will arrange for the services of an independent interpreter to be available at the hearing.

Yes

No

Tell us what language and dialect you usually use.

Language

Dialect

Question 5

Do you need a signer?

Yes

No

What type of signer do you need?

If you do, we will arrange for the services of an independent signer to be available at the hearing.

Question 6

Use this box to tell us about any other special arrangements you need. For example, hearing loops, access for people with disabilities.

Question 7

If you have a representative, please give their name and full address.

If you do not yet have a representative you can send us your representative's details later.

Name:

Address:

Phone number:

Signature

Date