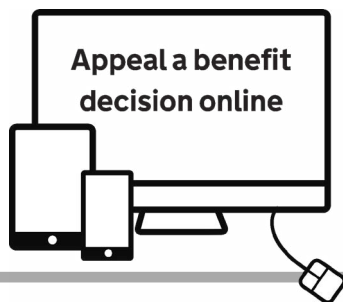


# Benefit appeal form

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 are appealing another benefit decision then you need to use a different appeal form. Find the right form at: [www.gov.uk/appeal-benefit-decision](http://www.gov.uk/appeal-benefit-decision)**

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: [www.gov.uk/appeal-benefit-decision](http://www.gov.uk/appeal-benefit-decision)



## Appeal online

You can submit your appeal online. That means you do not have to fill in and post this form. You can also save your appeal application and return to it in your own time.

Go to: [www.gov.uk/appeal-benefit-decision](http://www.gov.uk/appeal-benefit-decision)

## Help and support

You can ask someone who knows about the benefits system to help you with your appeal. For example, someone from your local advice centre, law centre or Citizens Advice. You could also ask a friend or family member.

If you have any questions about the benefit appeals service then phone the **HMCTS Benefit appeal helpline** on the number below. The helpline call agents cannot give you legal advice.

England and Wales: 0300 123 1142. Scotland: 0300 790 6234. Welsh language speakers: 0300 303 5170.

## This form is available in other formats

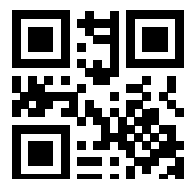
You can download this form in large print or Welsh: [www.gov.uk/government/publications/appeal-a-social-security-benefits-decision-form-sscs1](http://www.gov.uk/government/publications/appeal-a-social-security-benefits-decision-form-sscs1). If you need it in Braille then phone: 0300 123 1142.

## Before you start

You need the following information to fill in this form:

- **Your Mandatory Reconsideration Notice (MRN)**  
In some cases, you do not need to ask for mandatory reconsideration. If this applies to you, the letter received from the DWP with your benefit decision will tell you this. You will find this information in the 'if you disagree with a decision' section of your letter from the DWP.
- **Details of your representative (if you have one)**  
If you have someone helping you with your appeal then you can register them as your 'representative'. For example, someone from your local advice centre, law centre or Citizens Advice.
- **Reasons for your appeal**  
The reasons you disagree with DWP's decision. You can write as much as you want.

**Your appeal will be decided by an independent tribunal. They are separate from DWP.**



## Section 1: Your details

Use **BLOCK CAPITALS**

Fill in this section if you are:

- appealing a decision about your benefits OR
- a parent appealing on behalf of a child OR
- appointed by DWP or a court to deal with someone else's benefits

Do not put your details here if you are helping someone fill in this form but you have not been officially appointed by DWP or a court to deal with their benefits.

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Doctor ☐ Reverend

First name

Last name

Address line 1

Date of birth (DD/MM/YYYY)

 /  / 

Address line 2

National Insurance number

Letters

Numbers

Letter

Address line 3

*Do not provide your National Insurance number if you have been appointed by DWP or a court to deal with someone else's benefits.*

Postcode

Email address

You will receive updates and a link so you can manage your appeal online

Mobile phone number

☐

**Text message updates**

Tick this box if you would like to receive text message updates.

Landline number (if you have one)

You will receive free updates and a link so you can manage your appeal online.

Go to section 2 

## Section 2: About your benefit appeal

### Which benefit is your appeal about?

The name of the benefit is shown on any letter you have received about it.

☐

Personal Independence Payment (PIP)

☐

Employment and Support Allowance (ESA)

☐

Universal Credit (UC)

☐

Other (please specify)

Which DWP office sent your Mandatory Reconsideration Notice (MRN) or your decision notice if you don't need an MRN? You'll find this on the top-right of the letter, for example for Personal Independence Payment, write PIP and the number of the office (1-9). For Employment and Support Allowance, write the name of the office, for example 'Sheffield DRT'. For any other benefit, please write the full address here.

### When is your Mandatory Reconsideration Notice (MRN) dated, if you have one?



Enter the date from the top right of your MRN letter or the date of your benefits decision letter

For example 27/04/2020

If the date you have entered is over one month from today's date, briefly explain why your appeal is late.

In most cases, you need a Mandatory Reconsideration Notice (MRN) before you can appeal a benefit decision, but not in all. If you do not have an MRN, you should explain why in the space provided below or confirm that the decision letter you received from the DWP told you that you did not need one.

If you are appealing for yourself, go to section 4

If you are appealing on behalf of a child or you are an appointee, go to section 3

### Section 3: About the person you are appointed to support

Use **BLOCK CAPITALS**

Only fill in this section if you are appealing on behalf of a child or you have been officially appointed by DWP or a court to deal with someone's benefits. **Put their details in this section.**

#### Their details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Doctor ☐ Reverend

Their first name

Their last name

Their date of birth (DD/MM/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Their National Insurance number

Letters		Numbers				Letter		

#### Their address

Only enter their address if it is different from yours.

Address line 1

Address line 2

Address line 3

Postcode

--	--	--	--	--	--	--	--

Go to section 4 

## Section 4: About your representative (if you have one)

Use **BLOCK CAPITALS**

Fill in this section if you have someone helping you with your appeal and you would like them to be your 'representative'. This might be someone from your local advice centre, law centre or Citizens Advice. It could also be a carer, friend or family member.

Registering a representative means they can:

- help you submit your appeal or prepare your evidence
- act on your behalf (they should ask your permission first)
- see any evidence that is submitted by you or DWP (including medical evidence)

By entering their details here and signing this form, you are authorising the tribunal to deal with your representative as well as you, about your appeal.

Provide as much information as you can about your representative. If you want to appoint a representative later, then you must send us the details in writing to the address at the end of this form.

☐

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Doctor

☐

Reverend

First name

Last name

Organisation (if they work for one)

Address line 1

Address line 2

Address line 3

Postcode

--	--	--	--	--	--	--	--

Email address

Your representative will receive email updates and a link so they can manage your appeal online.

Mobile phone number


Landline number (if they have one)

☐

### Text message updates

Tick this box if your representative would like to receive text message updates.

You should check that your representative is happy to receive text message updates.

Go to section 5 

## Section 5: The reasons for your appeal

This is where you explain to the tribunal why you are appealing. The tribunal use this information, and any evidence that you and DWP submit, to help them make a decision on your appeal.

DWP should have explained their decision in the Mandatory Reconsideration Notice (MRN) or the decision letter they sent you. Read your MRN and the decision letter.

Write what you disagree with and why you disagree with it.

You can write as much as you want but you must provide at least one reason.

[illegible]

## Providing evidence to support your benefit appeal

Evidence is any information that supports your appeal such as a letter, written statement or medical report. Useful evidence helps the tribunal understand the facts of your appeal. For example, a letter from your doctor, carer or someone who knows about your condition.

You can include your evidence with this appeal form or you can send it later. You should provide evidence as early as possible in your appeal, so the tribunal have time to review it before they make a decision.


You do not have to send in evidence. Any evidence you do send will be shared with DWP and your 'representative', if you have one.


## Section 6: Your appeal hearing

Your appeal will be decided by the tribunal using the information in this form and any additional evidence you provide. Information and evidence submitted by DWP will also be considered.

Or you can also explain your reasons for appealing by taking part in the hearing, by telephone, video or face-to-face.

The tribunal can arrange support at your hearing such as an interpreter, hearing loop or disabled access.

☐ I want to take part in the hearing. Go to Section 6a 

☐ I do not want to take part in the hearing. Go to Section 9 


### Section 6a: Your telephone, video or face to face hearing

The type of oral hearing will be at the discretion of the tribunal.

Please select all the suitable options for you to take part in the hearing.

☐ Telephone (you'll need somewhere quiet and private to speak). Please give us your preferred telephone number if different from above.

☐ Video (you'll need access to a computer or mobile device with a good internet speed and somewhere quiet and private to speak). Please give us your preferred email address if different from above.

☐ Face to face (you will need to travel to the hearing in person). Go to Section 7 

## Section 7: Support at your hearing

Use **BLOCK CAPITALS**

Only fill this section in if you want to take part in the hearing and you need the tribunal to arrange some support. You will not be charged for any support the tribunal arrange.

You cannot use your own interpreter at the hearing. Provide details below, if you need one.

### Language interpreter

Language

Dialect

### Sign language interpreter

Sign language

☐


Hearing loop

☐

Accessible hearing room

Any other support that you need the tribunal to arrange which could be for a physical or mental health condition

Go to section 8 



## Section 8: Your availability for a hearing

Only fill this section in if you want to take part in the hearing.

You should make yourself available for the hearing but if you have dates you cannot attend, then fill them in below. If you have a representative please also include any unavailability for them.

☐

I will make myself available for the hearing whenever it's scheduled. I have no dates to avoid.

Go to section 9



**Please note:** This includes agreeing to HMCTS offering you a hearing at short notice due to a cancellation (within 14 days of the date of the hearing). We will call you to confirm if you are available if offering a date with less than 14 days notice.

☐

I need to tell the tribunal about dates that I **cannot** attend a hearing (fill them in below)

Only provide dates between 3 and 8 months in the future.

Month **S E P**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Month

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Go to section 9



## Section 9: Sign and post

The information I have provided in this appeal application is accurate, to the best of my knowledge.

I give the tribunal permission to correspond with my named representative about my appeal (if you gave details of a representative).

Name (in **BLOCK CAPITALS**)

The person named on the appeal in section 1

Signature

The person named on the appeal in section 1

Date (DD/MM/YY)

		/			/		
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Representatives should not sign this form unless they submit 'Authority to Act' on behalf of the appellant with this application.

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### Where to post your appeal form

You need to send your appeal form and a copy of the Mandatory Reconsideration Notice (MRN) to HM Courts & Tribunals Service.

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

HMCTS Benefit Appeals  
PO Box 12626  
Harlow  
CM20 9QF

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

HMCTS SSCS Appeals Centre  
PO Box 13150  
Harlow  
CM20 9TT

### What happens after your appeal has been received

1. DWP will be told that you have appealed their decision.
2. DWP will send the tribunal information in response to your appeal. You will also receive a copy.
3. The tribunal will book the hearing for your appeal (if you have chosen to attend the hearing).
4. The tribunal will make a decision on your entitlement to benefits.

It is very difficult to say how long it will take to get a decision on your appeal but it may be several months.

### Manage your appeal online

You can receive email and text message updates and a link so you can manage your appeal online. Make sure you have given your email or mobile phone number in Section 1.

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### Your personal information

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address

[www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter](http://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter)

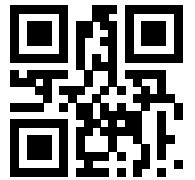
To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024.

If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.

You can continue the reasons for your appeal here (if you need to)

*(Continue your reasons on a separate sheet of paper, if you run out of room.)*

# Equality and diversity questions (optional)



- **These are optional questions about you**
- **Your answers will not affect your appeal**
- **We will not share your answers with anyone involved in your appeal**

Your answers will help us check we are treating people fairly and equally.

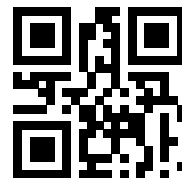
## **How to complete these questions**

Answer these questions if you're appealing a benefit decision.

Do not complete them if you're a representative or filling in the form for someone else.

1. Answer the questions on the next four pages. You can always choose 'prefer not to say' or leave them blank.
2. Send your completed questionnaire with your appeal form.

## Equality and diversity questions



1. What is your main language?

☐ English, **go to question 3**

☐ Welsh, **go to question 3**

☐ Other, give details (including British sign language)

☐ Prefer not to say, **go to question 3**

2. If you have answered 'Other' in question 1, how well can you speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

☐ Prefer not to say

3. What is your religion?

☐ No religion

☐ Christian (all denominations)

☐ Buddhist

☐ Hindu

☐ Jewish

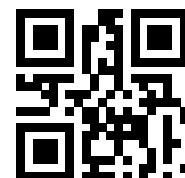
☐ Muslim

☐ Sikh

☐ Any other religion, please describe

☐ Prefer not to say

4. What is your ethnic group?



☐ Prefer not to say

**White**

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, please describe

**Mixed/Multiple ethnic groups**

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed/Multiple ethnic background, please describe

**Asian/Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please describe

**Black/African/Caribbean/Black British**

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please describe

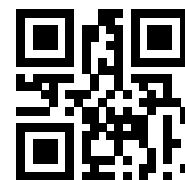
**Other ethnic group**

☐ Arab

☐ Any other ethnic group, please describe

5. Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



6. Which of the following options best describes how you think of yourself?

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other, please describe

- ☐ Prefer not to say

7. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

8. Is your gender the same as the sex you were registered at birth?

- ☐ Yes
- ☐ No, my gender is

- ☐ Prefer not to say

9. Are you married or in a legally registered civil partnership?

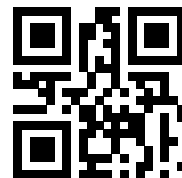
- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Thank you for answering these questions**

**Send this questionnaire back with your completed application**

## **Privacy notice**

By submitting your answers, you agree that we can collect your information. We'll use it to help us meet our commitment to equality under the Equality Act 2010. You can withdraw your consent or change your answers at any time, see information below in our privacy notice.



For details of the standards we follow when processing your data, please visit the following address <https://equality-and-diversity.platform.hmcts.net/privacy-policy>

To receive a paper copy of this notice, please call

0300 123 1142 for England and Wales

0300 790 6234 for Scotland

## **Alternative formats**

If you need this form in an alternative format, for example in large print, call

0300 123 1142 for England and Wales

0300 790 6234 for Scotland