

# Appendix 6

Calendar month ending

Sheet number

## Appeals control record

No.	Name	NINO	Date of outcome decision appealed against	Benefit and issue code	Date appeal received where duly made	Date of the HMCTS decision on duly made issue	Date appeal lapsed or withdrawn	No. of days since appeal received (not cleared)	No. of days to clear the appeal to HMCTS	Date response sent to HMCTS	Date of FtT decision	Date decision implemented C confirm; R Revised
1	2	3	4	5	6	7	8	9	10	11	12	13
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Total number of appeals received

Total number of appeals outstanding this month

Total number of appeals lodged

Total number of appeals lapsed or withdrawn

Total number of days taken in lodging case

Total number of days to clear all appeals (Do not include appeals lapsed or withdrawn if a response has been sent to the TS)

Total number of appeals outstanding over 90 days

**LT245/04/00**

