



Expenses claim form for a young person

Please complete this form in CAPITAL LETTERS and attach all receipts and tickets.

Section 1: Personal details

Surname

First name(s)

Home telephone number

Home address

Postcode

Section 2: Method of payment

Please pay me: By cheque to my home address, **please go to Section 3**

Direct to my bank, **please complete the details below**

Name of bank

Address

Postcode

Account name

Account number

Sort code

Section 3: Hearing details

Date of hearing

Appeal/Claim number

Your full name

Surname

First name(s)

Section 4: Travel expenses

Date of hearing

/ /

Where did your journey start?

Where did your journey end?

Method of transport

Bus Train Car

Other (Please specify) _____

If you travelled by your own motor vehicle how many miles did you travel? (Home to hearing and back)

Mileage is currently paid at 23.8p per mile

Amount claimed £

If you are making a claim with missing tickets/receipts please explain why?

Section 5: Declaration

- This claim has been made in accordance with the guidance issued to me.
- No other claim for these expenses has been or will be made against the tribunal or any other government department.

Name

Signature

Date

/ /

Please send your completed form and all your receipts and tickets to: Special Educational Needs and Disability Tribunal, 1st Floor, Darlington Magistrates Court, Parkgate, Darlington DL1 1RU **Telephone:** 01325 289350 **Fax:** 0870 739 4017

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For details of the standards we follow when processing your data, please visit the following address <https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter>

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