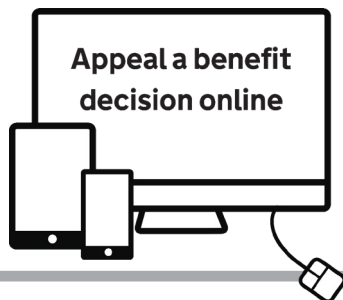


# Benefit appeal form (PIP/ESA)

Use this form to appeal against a decision about **Personal Independence Payment (PIP)** or **Employment and Support Allowance (ESA)**.

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)



## 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: 0141 354 8400. 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)**

This is the letter that DWP sent you when you asked them to reconsider their decision about your entitlement to PIP or ESA. Contact DWP if you have not asked them to reconsider their decision yet.

You can still appeal if you do not have your MRN. We will confirm with DWP that they have reconsidered their decision, before accepting your appeal application.

- **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

Address line 3

Letters  Numbers  Letter

*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 track your appeal online

Mobile phone number

**Text message updates**

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

Landline number (if you have one)

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)

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)

### When is your Mandatory Reconsideration Notice (MRN) dated?



### Enter the date from the top right of your MRN letter

For example 27 03 2016

/   /

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 phone the HMCTS Benefit appeals helpline to register them. The number is at the beginning 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 track your appeal online.

Mobile phone number

Landline number (if they have one)

**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.

Large empty box with horizontal lines for writing reasons for appeal.

*(Continue your reasons on page 10, if you run out of room.)*

### 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 (if you choose to attend)

Your appeal will be decided at a hearing using the information in this form and any additional evidence you send in. Information and evidence submitted by DWP will also be considered.

You can explain your reasons for appealing in person, if you come to the hearing.

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

I want to attend the hearing. Go to Section 7 

I do not want to attend the hearing. Go to Section 9 

## Section 7: Support at your hearing

Use **BLOCK CAPITALS**

Only fill in this section if you have said you want to attend the hearing for your appeal and you need the tribunal to arrange some support. You will not be charged for any support the tribunal arrange.

You **cannot** bring your own interpreter to 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

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Go to section 8 

## Section 8: Your availability for a hearing

Only fill in this section if you have said you want to attend the hearing for your appeal.

You should make yourself available for the hearing but if you have dates you cannot attend, then fill them in below.

I will make myself available for the hearing whenever it's scheduled Go to section 9 

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				

*EXAMPLE*

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)

 /  / 

Representatives should not sign this form

### Where to post your appeal form

HMCTS Benefit Appeals  
PO Box 12626  
Harlow  
CM20 9QF

Make sure you include your **Mandatory Reconsideration Notice (MRN)** when you post your appeal form.

### 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.

### Track your appeal online

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

### 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.

