

# Withdrawing an appeal or claim

Use this form if you wish to withdraw your or your child's appeal or claim

Appeal/claim number

Name of local authority or responsible body

Name of child/young person

Hearing date

 /  / 

## You must fill in this section

This notice of withdrawal must be signed by the same person (or people) who signed the notice of appeal or claim form.

- I wish to withdraw my appeal/claim to the Special Educational Needs and Disability tribunal
- I understand that you will not take any further action on this appeal/claim

Name of parent/young person

Name of parent

Signature

Signature

Date

 /  / 

Date

 /  / 

## For monitoring purposes

It would be helpful to know why you want to withdraw your appeal. Please tick the most appropriate box.

- |  |   |
|--|---|
| <input type="checkbox"/> The local authority have agreed with my appeal                        | <input type="checkbox"/> I have changed my mind   |
| <input type="checkbox"/> I have reached an agreement with the local authority/responsible body | <input type="checkbox"/> I have reached an agreement with the local authority/responsible body using a disagreement resolution or mediation service |
| <input type="checkbox"/> Another reason (please give details in the box below)                 |   |

### Please return your completed form to:

Special Educational Needs and Disability Tribunal  
1st Floor, Darlington Magistrates Court  
Parkgate  
Darlington  
DL1 1RU

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 <https://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.