

Section 1

Personal Information of the Applicant

|          |                                                              |                                                                                                                            |
|----------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | Tribunal Bail Reference Number                               | ___ / _____                                                                                                                |
| <b>B</b> | Date of Hearing when bail was granted                        | ___ / ___ / ___                                                                                                            |
| <b>C</b> | Home Office Reference Number                                 |                                                                                                                            |
| <b>D</b> | Your surname or family name.<br>(Please use CAPITAL LETTERS) |                                                                                                                            |
| <b>E</b> | Your other names                                             |                                                                                                                            |
| <b>F</b> | Address where you are living now                             | Number/Street:<br><br>Town<br>Post code                                                                                    |
| <b>G</b> | Your mobile phone number                                     |                                                                                                                            |
| <b>H</b> | Your date of birth                                           | (day) / (month) / (year)                                                                                                   |
| <b>I</b> | Do you have a representative?                                | No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, your representative should complete the rest of the form. |

Section 2

About your application

|          |                                                                                                                          |                                                                                                     |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>A</b> | Do you have an appeal hearing pending in the First-tier Tribunal (IAC)?                                                  | No <input type="checkbox"/> Yes <input type="checkbox"/> What is the appeal number, if you know it? |
| <b>B</b> | Please give the address where you intend to live (if different from section 1(f) above), if this application is granted. | Number/Street:<br><br>Town<br>Postcode                                                              |

Section 3

Your Financial Condition Commitment

The Judge may consider that a Financial Condition should be added to ensure that you honour the conditions of bail if granted. Please indicate how much you agree to be bound to pay if you breach any of the other conditions of bail.

|          |                                        |                                              |
|----------|----------------------------------------|----------------------------------------------|
| <b>A</b> | <b>Financial Condition</b>             | I agree to be bound to a Financial Condition |
| <b>B</b> | Amount of Financial Condition (if any) | £                                            |

**Section 4**

**People Supporting the Financial Condition (if any)**

If a Judge decides that a Financial Condition should be added you can ask someone you know to help you meet that condition

|          |                                                        | Supporter 1 | Supporter 2 |
|----------|--------------------------------------------------------|-------------|-------------|
| <b>A</b> | Surname or family name.<br>Please use CAPITAL LETTERS. |             |             |
| <b>B</b> | Other names                                            |             |             |
| <b>C</b> | Address                                                |             |             |
|          |                                                        |             |             |
|          |                                                        | Postcode    | Postcode    |
| <b>D</b> | Email address                                          |             |             |
| <b>E</b> | Telephone number                                       |             |             |
| <b>F</b> | Relationship to the Applicant                          |             |             |
| <b>G</b> | Immigration Status                                     |             |             |
| <b>H</b> | Occupation                                             |             |             |
| <b>I</b> | Financial Condition Amount                             | £           | £           |
| <b>J</b> | Date of birth                                          |             |             |
| <b>K</b> | Nationality held                                       |             |             |
| <b>L</b> | Current Valid passport number                          |             |             |

|                                |                                                                                                                                                                                                                                    |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Notice to the Applicant</b> | Please make sure that you and your Financial Condition Supporters bring your passports and bank statements to the bail hearing if any of you are offering any money to support a financial condition on this application for bail. |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**• In this section you should set out:**

- What conditions you want to change
- How you would like the conditions to be changed
- All the reasons why you think the current bail conditions must be changed in the way you are asking.
- If you are currently detained in England and Wales and are subject to deportation proceedings the Home Office will be required to electronically monitor you as part of your bail conditions. The Home Office will use a GPS tag fitted to your ankle to do this. Decisions about whether it is appropriate to do this will be made by the Home Office not the First-tier Tribunal.

If you feel there are reasons why you should not be required to wear a tag you should also state these reasons in the box below to allow the Home Office to consider the matter before your bail hearing.

Give as much detail as possible and use additional sheets of paper if you need to, and attach them to this form.

If the Tribunal grants bail it may Direct that future management of bail should be transferred to the Home Office. Where the Tribunal makes that Direction, all future proceedings will be conducted by the Home Office (including any hearing to determine liability for payment of a financial condition).

**Do you consent to future management of bail being Transferred to the Home Office?**

No  Yes

If No please briefly explain why here?

| Section 6 |                                                                                                                                                               | If there is a hearing of your request to vary            |                             |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|
| <b>A</b>  | Will you need an interpreter?                                                                                                                                 | No <input type="checkbox"/> Yes <input type="checkbox"/> | If yes, give details below: |
|           |                                                                                                                                                               | Language(s)                                              | Dialect (if required)       |
| <b>B</b>  | Will your Financial Condition Supporter(s) need an interpreter?                                                                                               | No <input type="checkbox"/> Yes <input type="checkbox"/> | If yes, give details below: |
|           |                                                                                                                                                               | Language(s)                                              | Dialect (if required)       |
| <b>C</b>  | If you, your legal representative or your financial condition supporter(s) have a disability, please explain any special arrangements needed for the hearing. |                                                          |                             |

| Section 7 |                                                         | Representation                                                                                     |     |
|-----------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----|
| <b>A</b>  | <b>Declaration by the Representative</b>                | I, the representative, am making this application in accordance with the Applicant's instructions. |     |
|           | Representative's signature and date.                    |                                                                                                    | / / |
| <b>B</b>  | Name of the representative. Please use CAPITAL LETTERS. |                                                                                                    |     |
| <b>C</b>  | Name of the representative's organisation.              |                                                                                                    |     |
| <b>D</b>  | Postal address of the organisation.                     | Number/Street                                                                                      |     |
|           |                                                         |                                                                                                    |     |
|           |                                                         | Town                                                                                               |     |
|           |                                                         | Post code                                                                                          |     |
| <b>E</b>  | Reference for correspondence                            |                                                                                                    |     |
| <b>F</b>  | Telephone number                                        |                                                                                                    |     |
| <b>G</b>  | Mobile number                                           |                                                                                                    |     |

|          |                                                                                            |                                                          |                                                                                                                |
|----------|--------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>H</b> | Fax number                                                                                 |                                                          |                                                                                                                |
| <b>I</b> | Email address                                                                              |                                                          |                                                                                                                |
| <b>J</b> | CJSM email address (if you have one)                                                       |                                                          | Do you agree to receive correspondence by CJSM email? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| <b>K</b> | Are you an office regulated by the Office of the Immigration Services Commissioner (OISC)? | No <input type="checkbox"/> Yes <input type="checkbox"/> | Please provide OISC reference:                                                                                 |
| <b>L</b> | Has the Applicant been granted publicly funded legal representation?                       | No <input type="checkbox"/> Yes <input type="checkbox"/> | Please provide the LSC reference if applicable:                                                                |

|                                  |                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Notice to representatives</b> | You must notify the court in which the bail application is made, and other parties, if you cease to represent the Applicant. If the Applicant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the <b>Applicant's full name, address, and Home Office reference number.</b> |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------|---------------------------|
| <b>Section 8</b> | <b>Statement of Truth</b> |
|------------------|---------------------------|

|  |                                                                              |
|--|------------------------------------------------------------------------------|
|  | If you have completed this form yourself, you must complete the declaration. |
|--|------------------------------------------------------------------------------|

|          |                                                 |                                                               |     |
|----------|-------------------------------------------------|---------------------------------------------------------------|-----|
| <b>A</b> | <b>Your Declaration</b>                         | I believe that the facts stated in this application are true. |     |
|          | Your signature and date.                        |                                                               | / / |
| <b>B</b> | Please print your full name in CAPITAL LETTERS. |                                                               |     |

|                  |                                         |
|------------------|-----------------------------------------|
| <b>Section 9</b> | <b>When you have completed the form</b> |
|------------------|-----------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What to do next | <ol style="list-style-type: none"> <li>1) Keep a copy of this form for your own use</li> <li>2) Send Send the original form to the appropriate Tribunal Hearing Centre. This is normally the closest to your place of detention but you can find the appropriate First-tier Tribunal (Immigration and Asylum) hearing centre by asking staff at your place of detention or by visiting the <i>Find a court or tribunal</i> page using the link below:<br/><br/><a href="https://www.gov.uk/find-court-tribunal">https://www.gov.uk/find-court-tribunal</a></li> </ol> |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Data Protection statement

For information on how HM Courts and Tribunals Service process and store your data visit:

[www.gov.uk/hmcts/privacy-policy](http://www.gov.uk/hmcts/privacy-policy)