



T210

Notice of appeal against a decision of the Criminal Injuries Compensation Authority

Use this form to give notice of an appeal against a decision of the Criminal Injuries Compensation Authority (CICA).

Further guidance on appealing to the criminal injuries compensation tribunal can be found online at:

www.gov.uk/criminal-injuries-compensation-tribunal/appeal-to-tribunal

Time limit to appeal

Your appeal must be received by the tribunal no later than 90 days after the date on the authority's review decision letter.

For more information about requesting an extension of time, go to Section 7.

Guidance on completing this form

You can find notes to help you understand questions on the right side of the page.

Use another sheet of paper if there is not enough space for you to say everything. Add your name at the top of any additional sheets.

If you are completing this form by hand write clearly.

If you need help

Contact the tribunal office if you need help with this application or how the tribunal works.

The tribunal cannot give legal advice.

Email

cic.enquiries@justice.gov.uk

Telephone

0300 790 6234

Section 1 – Appeal information

1.1 CICA reference number

Note 1.1

CICA reference numbers begin with the letter X or G.

1.2 Date of review decision being appealed

Day Month Year

Section 2 – Your information

2.1 Your details

Title

First name

Last name

Date of birth

Day Month Year

National insurance number

2.2 Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

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2.3 Contact details

Phone number

Mobile number

Email address

2.4 I want to receive tribunal correspondence by:

Email

Post

Note 2.4

You can choose both options.

2.5 Are you appealing on behalf of someone else?

Yes

I am appealing on behalf of a minor ->
go to Section 3

Yes

I am appealing following a
bereavement -> go to Section 4

No -> go to Section 5

Section 3 – Appealing on behalf of a minor (under 18 years old)

3.1 Details of minor

Title

First name

Last name

Date of birth

Day

Month

Year

3.2 Address

First line of address

Second line of address

Town or city

County (optional)

Postcode

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Section 4 – Appealing following a bereavement

4.1 Details of someone with fatal injuries

Title

First name

Last name

Date of birth

Day Month Year

Section 5 – Appellant’s representative information

5.1 Do you have a representative?

Yes -> go to question 5.2

No -> go to Section 6

5.2 Details of appellant’s representative

First name

Last name

Company name

5.3 Address

First line of address

Second line of address

Note for Section 5

A representative is someone you want to represent you in dealing with the tribunal.

If you appoint a representative, the tribunal office will only correspond with your representative.

Town or city

County (optional)

Postcode

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5.4 Reference number for correspondence (optional)

5.5 DX number for correspondence (optional)

5.6 Contact details

Phone number

Mobile number

Email address

5.7 The representative wants to receive tribunal correspondence by:

Email

Post

Note 5.7

You can choose both options.

Section 6 – Reasons for appealing

6.1 What are your reasons for appealing against the authority's review decision?

Explain why you are appealing and give all the details you want the tribunal to take into account:

Note for Section 6

If you do not provide this information, your **appeal will not be admitted**.

Use another sheet of paper if there is not enough space for you to say everything.

Add your name at the top of any additional pages.

Section 7 – Request for an extension of time

7.1 Have you been given an extension of time previously?

Yes

You must attach a copy of any previous tribunal service direction notice

No

7.2 Are you applying for an extension of time to make your appeal?

Yes

Give reasons for applying for an extension of time, in the box below.

No

Note for Section 7

You have 90 days to submit your appeal. We may extend that time limit if there are good reasons for it and it would be fair to do so.

For example: If you are waiting for further medical reports which you must see before you decide whether or not to make an appeal.

Section 8 – Hearing

8.1 Will you need an interpreter at the hearing?

Yes

Language and dialect needed
(include all)

No

8.2 Will you need any support at the hearing, such as wheelchair access or a hearing loop?

Tell us what support you need and why you need it:

Note 8.2

You can ask for support at a hearing, for example:

- access and mobility support (wheelchair)
- support to see or hear what is happening at the hearing
- documents in alternative formats, colours or fonts

8.3 Do you consent to a short notice hearing, for example with less than 14 days notice?

Yes

No

This form gets copied to other parties, so use a separate sheet if you do not want to disclose anything.

Section 9 – Additional information

9.1 What is the name of the police authority dealing with the incident?

9.2 Crime reference number (if known)

9.3 Date of incident
Day Month Year

9.4 Incident location

9.5 Linked claims with the Criminal Injuries Compensation Authority Add reference number(s):

9.6 Do you have any other ongoing compensation claims such as a civil claim?

Yes

No

Signature

If you have a legally qualified representative, they must sign this form. If they are not legally qualified, you must sign the form.

Signature

Note for Signature

If you are submitting this form online using the document submission service, you do not need to sign this form.

Appellant

Appellant's legally qualified representative

Date

Day Month Year

Full name



Checklist

List of documents that need to be included with the appeal:

a copy of the authority's review decision letter

any previous tribunal service directions notices (where applicable)

copies of any other supporting documents

Note for other supporting documents

If further evidence or supporting documents are not available at this time, you can still submit this form straight away. Additional evidence may be submitted at a later date.

Supporting documents

Are there any documents you currently do not have but want to submit and rely on in support of your appeal?

Yes

List these documents in the table below

Name	Relationship

No

What to do next

Once you have completed this form, submit it online with documents from the Checklist. You can find instructions on how to do this at:

<http://www.special-tribunals.service.gov.uk/cic-submit>

If you are unable to submit this form online, you can send it to the First-tier Tribunal by email or post using the details shown below:

Email address

cic.enquiries@justice.gov.uk

Address

First-tier Tribunal (Criminal Injuries Compensation)
The Glasgow Tribunals Centre
20 York Street Glasgow
G2 8GT
United Kingdom

For use by legal professionals

DX 551940 Glasgow 42

Telephone

0300 790 6234

Next steps

The tribunal will check this form and let you know if you need to provide any more information. If no further information is required, the tribunal will contact you to confirm the next steps.

For information on how HM Courts and Tribunals Service process and store your data visit: <http://www.gov.uk/hmcts/privacy-policy>