



SSCS8

## Infected blood compensation appeal form

Use this form to appeal against a decision made by the Infected Blood Compensation Authority (IBCA) about the outcome of your application to the Infected Blood Compensation Scheme (IBCS) after you have asked the IBCA to first review their original decision.

Further guidance to help you fill in this form is available in **SSCS8A 'How to appeal against a decision made by the Infected Blood Compensation Authority'**. You can download the guidance from: [www.gov.uk/guidance/appeal-an-infected-blood-compensation-decision](http://www.gov.uk/guidance/appeal-an-infected-blood-compensation-decision)

### Help and support

You can ask someone who knows about the IBCS 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 infected blood compensation appeals service then phone the HMCTS infected blood compensation appeal helpline on the number below. The helpline call agents cannot give you legal advice.

Scotland or Northern Ireland: 0300 790 6234.

England, Wales or overseas: 0300 131 2850.

Welsh language speakers: 0300 303 5170.

HMCTS USE ONLY



## This form is available in other formats

You can download this form in

**large print:** <https://www.gov.uk/government/publications/appeal-an-infected-blood-compensation-decision-by-post-form-sscs8>

or

**Welsh:** <https://www.gov.uk/government/publications/appeal-an-infected-blood-compensation-decision-by-post-form-sscs8.cy>

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 Review Decision Notice**

This is the notice sent to you by IBCA with the decision they made **after** they reviewed their original decision.

- **Details of your representative (if you have one)**

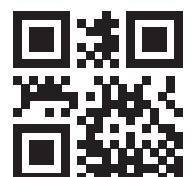
If you have someone helping you with your appeal then you can register them as your representative. For example, a solicitor, or someone from your local advice centre, law centre or Citizens Advice.

- **Reasons for your appeal**

The reasons you disagree with the IBCA's decision. You can write as much as you want.

**Your appeal will be decided by an independent tribunal.  
They are separate from the IBCA.**

HMCTS USE ONLY



If you are completing this form by hand, please use BLOCK CAPITALS.

## Section 1: Your details

Fill in this section if you are:

- appealing a decision about your claim for a compensation payment, **or**
- appealing on behalf of a person under 18 for whom you have parental responsibility, **or**
- appealing on behalf of a person for whom you have power of attorney, **or**
- appealing on behalf of a person who lacks capacity as their guardian, deputy, or controller, **or**
- appealing as a personal representative on behalf of a deceased person.

### 1.1 Your name

First name(s)

Last name

### 1.2 Your date of birth

Day                      Month                      Year

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### 1.3 Your address

First line of address

Second line of address

Town or city

Country

Postcode

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## Port of entry details

If you reside outside the United Kingdom and you wish to attend a hearing in person, this will take place in a venue closest to your port of entry into England, Wales or Scotland.

If you are intending to travel to this country to attend the appeal hearing in person, which ferry port, airport or station will you be arriving at?

Your hearing will take place at the hearing centre closest to your point of entry.

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**Note:** See SSCS8A for further guidance on port of entry details [www.gov.uk/guidance/appeal-an-infected-blood-compensation-decision](http://www.gov.uk/guidance/appeal-an-infected-blood-compensation-decision)

### 1.4 Your IBCA case reference number

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For example, the IBCA number will look like this **A 1 2 B 3 4**

**Note 1.4:** Do not provide your own IBCA case reference number if you have been appointed to deal with someone else's affairs.

**1.5** Email address

**Note 1.5:** You will receive updates and a link so you can manage your appeal online.

**1.6** Landline number (if you have one)

**1.7** Mobile phone number

**1.8** Text message updates

Tick this box if you would like to receive text message updates.

**Note 1.8:** You will receive free updates and a link so you can manage your appeal online.

**1.9** What is your role in this appeal? (tick only **one** option)

- I am appealing for myself
- I am appealing for a person under 18 for whom I have parental responsibility
- I am appealing on behalf of a person who lacks capacity as their guardian, deputy, or controller
- I am appealing on behalf of a person for who I have been granted a power of attorney
- I am appealing on behalf of a deceased person as their personal representative

## Section 2: About your IBCA decision

**Note 2.1:** Enter the date from the top right of your Review Decision Notice.

**2.1** When is your Review Decision Notice dated?

Day

Month

Year

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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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## Section 3: About your representative (if you have one)

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 a solicitor, or 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 the IBCA (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 you must send us the details in writing to the address at the end of this form.

### 3.1 Representative's name

First name(s)

Last name

**3.2** Name of organisation (if they work for one)

**3.3** Representative's address

First line of address

Second line of address

Town or city

Country

Postcode

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**3.4** Email address

**Note 3.4:** Your representative will receive updates and a link so they can manage your appeal online.

**3.5** Landline number (if they have one)

**3.6** Mobile phone number

**3.7** Text message updates

Tick this box if you would like your representative to receive text message updates.

**Note 3.7:** You should check that your representative is happy to receive text message updates.

## Section 4: 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 the IBCA submit, to help them make a decision on your appeal.

The IBCA should have explained their decision in the Review Decision Notice.

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.

(Continue your reasons on page 22, if you run out of room.)

## Providing evidence to support your infected blood compensation appeal

Evidence is any information that supports your appeal such as a letter (for example, from your doctor or support worker), written statement, financial records, invoices of care costs, or medical reports.

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 the IBCA and your representative, if you have one.

## Section 5: Your hearing preference

The tribunal will decide your appeal using the information you give in this appeal form and any further information you send. Information provided by the IBCA will also be considered.

And you can also explain your reasons for appealing by taking part in the hearing, by phone, video or face-to-face.

### Hearing formats

Your appeal could be decided:

- at a hearing you can take part in – most hearings are held in person at a tribunal building but you can ask to have the hearing remotely by video or by phone
- as a ‘paper hearing’ – the tribunal looks at the documents and evidence and makes a decision without you taking part in a hearing

### Hearing support

If you take part in a hearing, you can ask for support, such as a language interpreter, a hearing loop or disabled access. **You can not bring your own interpreter to the hearing.**

## Which type of hearing would you prefer?

- I prefer a hearing that I can take part in; either in person, by video or by phone. **Go to Section 6.**
- I prefer a 'paper hearing', where I do not take part which is decided with documents and information provided. **Go to Section 9.**

## Section 6: Taking part in a hearing

The type of hearing you attend will be decided by the tribunal. In most cases it will be in person at a tribunal venue.

The tribunal will tell you how to take part before your hearing date.

Select all types of hearing you would be able to take part in.

If you need physical support to take part in a hearing, you can tell us about this in Section 7.

### 6.1 How would you prefer to take part in your hearing?

**Phone.** You'll need somewhere quiet and private to speak. Enter the phone number you want to use for the hearing.

**Video.** You'll need access to a computer or mobile device with a good internet speed and somewhere quiet and private to speak. Enter the email address you would like us to send the joining instructions to.

**In person.** You'll need to travel to a hearing venue.

## Section 7: Support at your hearing

If you want to take part in the hearing and need support to be arranged by the tribunal, tell us now so we can arrange it. Any support we provide is free of charge.

**You cannot use your own interpreter at 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 which could be for a physical or mental health condition.

## Section 8: You and your representative's availability for a hearing

### Only fill this section in if you want to take part in the hearing

You should make yourself available for the hearing. If you have dates you cannot attend, then fill them in below. If you have a representative who will be attending the hearing with you, please also include any unavailability for them.

- 8.1**  I will make myself available for the hearing whenever it's scheduled. I have no dates to avoid. **Go to Section 9.**

**Note 8.1:** This includes agreeing to HMCTS offering you a hearing at short notice due to a cancellation (within 14 days of the date of the hearing). We will call you to confirm if you are available if offering a date with less than 14 days' notice.

- 8.2**  I need to tell the tribunal about dates that I and/or my representative cannot attend a hearing. **Fill them in below.**

Only provide dates between 3 and 8 months in the future.

Month	S	E	P
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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			
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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			
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Month			
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Month			
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22	23	24	25	26	27	28
29	30	31				

Month			
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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				

## 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:** Representative's should not sign this form unless they submit an 'Authority to Act' on behalf of the appellant with this application.

Signature

The person named on the appeal in Section 1

Date

Day                  Month                  Year

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## Where to post your appeal form

You need to send your appeal form and a copy of the Review Decision Notice to HM Courts & Tribunals Service. Send your form, including the page 1 information sheet.

If you live in **Scotland or Northern Ireland** send your appeal to:

HMCTS SSCS Appeals Centre

PO Box 13150

Harlow

CM20 9TT

If you live in **England, Wales or overseas** send your appeal to:

HMCTS Infected Blood Compensation Appeals

PO Box 13618

HARLOW

CM20 9WX

## What happens after your appeal has been received

1. The IBCA will be told that you have appealed their decision.
2. The IBCA 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 compensation.

It is difficult to say how long it will take to get a decision on your appeal but it may be several months.

## **Manage your appeal online**

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

**You can continue the reasons for your appeal here (if you need to)**

## **Your personal information**

The Ministry of Justice and HM Courts & 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 or Northern Ireland, please call 0300 790 6234 Textphone 18001 0300 790 6234.