



Notice of Appeal

**Notice of Appeal against a decision of the Criminal Injuries Compensation Authority, Tay House,
300 Bath Street Glasgow, G2 4LN**

Please use BLOCK CAPITALS or download a printable version from the Tribunal’s website
www.cicap.gov.uk and return the completed Notice of Appeal to:

**Tribunals Service, Criminal Injuries Compensation,
3rd floor, Wellington House, 134-136 Wellington Street, Glasgow G2 2XL**

Full Reference Number	
Date of Review Decision being appealed .	

Your completed Notice of Appeal must be received by the Tribunal no later than 90 days after the date on the Authority’s Review Decision letter.

Section 1 - About you

Name	Mr/Mrs/Miss/Ms/Dr
Address	
Postcode	
Telephone (daytime)	

A telephone number will help us to contact you quickly if needed.

If you do not have a representative all documents will be sent to you at the address you give above.
If you want documents sent to a different address please inform the Tribunal in writing.

Section 2 - Representation

Do you have a representative? Yes No (If No, please go to section 3)

Name of representative	
Address of representative	
Postcode	
DX Box No	
Representative’s reference number	
Representative’s telephone number	

If you have a representative all documents will be sent to your representative, not to you. This will continue until you (or your representative) tell the Tribunal in writing that your representative no longer acts for you.

Section 3 - Reasons for Appealing

You must state your grounds for appealing against the Authority's Review Decision. Please use the space provided below to do this. Continue on the back of this form or on a separate sheet attached to the form if necessary. If you do not provide this information your appeal will not be admitted.

Grounds for appealing - give all the details that you want to be taken into account

Section 4 – Application for an extension of time

In exceptional circumstances there may be good reasons why you can not lodge this Notice of Appeal within 90 days from the date of the Authority's Review decision letter.

- ***Application for an extension of time within 90 days from the date of the Authority's Review Decision letter.***

You may apply for an extension of time to lodge your appeal by writing to the address at the end of this form stating why you need an extension and for how long. You must do this without delay and in any event before the 90 days has passed.

- **Application for an extension of time after the 90 day time limit has passed**
If your form will arrive more than 90 days after the date of the Authority's Review Decision letter or any extended date granted by the Tribunal you must apply for an extension of time on this form

The Tribunal will consider the reasons you have given. If an extension is not granted, your appeal will not be admitted.

Are you applying for an extension of time to lodge your appeal Yes No

If yes, give reasons here why your appeal was not lodged within 90 days.

Section 5 - Supporting Documents

You must send with this Notice of Appeal

- a copy of the Authority's Review decision letter
- any documents in support of your appeal that you have not already supplied to the Authority

Please list any additional documents and information you are enclosing (other than the Authority's decision letter) in the space provided below.

If there are documents you currently do not possess but wish to supply and rely on in support of your appeal, please answer the questions in the space provided on the next page.

What other documents do you expect to obtain to use in support of your appeal?

Why have you not yet obtained and provided these documents?

When do you expect to supply them?

Any additional documents must be sent to the address below without delay. The Tribunal may decide not to take into account documents that have not been supplied promptly.

Please now sign the form

Signature		Date	
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You must sign the form yourself unless you have named a solicitor or other professionally qualified legal representative at Section 2.

Please ensure you have enclosed the following with this form when sending it to the address below.

Copy of the Authority's Review Decision Letter	✓
Additional documents listed in section 5	

You must now send a **signed** copy of this form to:

Tribunal Service – Criminal Injuries Compensation
3rd Floor, Wellington House, 134-136 Wellington Street, Glasgow, G2 2XL

or **DX: 551940 Glasgow 42**

Alternatively you can fax a signed copy of this form to: **0141 354 8556**. **You must then send a copy of the form and any documents in support to arrive within 7 days.**

A welsh version of this form is available on the Tribunals website at www.cicap.gov.uk or by contacting us on 0141 354 8555

Mae fersiwn Gymraeg o'r ffurflen hon ar gael ar wefan y Tribiwnlys, www.cicap.gov.uk neu drwy gysylltu â ni ar 0141 354 8555