

SCHEDULE

Rule 2

FORMS

ASYLUM AND IMMIGRATION
(TREATMENT OF CLAIMANTS, ETC.)
ACT 2004

Notice of appeal to
the Asylum and Immigration
Tribunal (United Kingdom)

Form AIT-1
In country

Complete this form if you want to appeal from **inside** the United Kingdom and you have the right to do so.

If you want to appeal from **outside** the United Kingdom, you must use:

appeal form AIT-2 if you are appealing against an Entry Clearance Officer's decision

or appeal form AIT-3 if your right of appeal can only be exercised after having left the United Kingdom or you have chosen to leave the United Kingdom before exercising your right of appeal.

- To complete this appeal form, **please refer to the information leaflet** that was sent to you with your notice of decision and this form. You can also find the leaflet on www.dca.gov.uk.
- Please complete this form in English. It is in your interest to complete this form as thoroughly as possible, and state all of your grounds in order for your appeal to be dealt with efficiently.
- Please complete Section 1 of this form by referring to the notice of decision that was sent to you by the Home Office.
- Where there is a check box , put a check (X) in it to show your answer.
- You should send your notice of decision with this form.

Section 1

- A** Home Office reference number
- B** Case Outcome ID
- C** Type of Decision
- D** Date of Service
- E** Deadline to appeal
- F** Method of Service

Your decision

Non-asylum Asylum

/ /

/ /

Post Fax or Personal Service

Section 2

The deadline to appeal is:

- 5 business days** from the date you were served with the decision, if you are detained under the Immigration Acts.
- 10 business days** from the date you were served with the decision, if you are not detained under the Immigration Acts.

Your appeal must be received by the Tribunal by the end of this period.

If you know your appeal is late, **or** if you are not sure your appeal will be received by the deadline date, **you must apply for an extension of time, and give your reasons for failing to submit your appeal in time, in the box →**

- Attach any evidence to the form.
- Use additional sheets of paper if you need to.

Late appeal and application for extension of time

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 3

- A** Your Surname or family name
Please use CAPITAL LETTERS
- B** Your other names
- C** Address where you can be contacted
Notice:
If you change your address, you **must** notify the Asylum and Immigration Tribunal immediately, in writing. The address of the Tribunal is at the end of this form.
- D** Telephone number
Give a number where the Tribunal may contact you during the day
- E** Your date of birth
Please give as Day/Month/Year
- F** Are you male or female?
- G** Nationality (or nationalities) or citizenship
- H** Do you have a representative?
- I** Have **you** appealed against any other immigration decision made in the United Kingdom?
- J 1** To the best of your knowledge, does any member of **your family** have an appeal pending in the United Kingdom?

Personal information

[Empty text box]

[Empty text box]

Number/Street
[Empty text box]

[Empty text box]

Town
[Empty text box]

Post Code
[Empty text box]

[Empty text box]

[Empty text box] / [Empty text box] / [Empty text box]

Male Female

[Empty text box]

No Yes **Your representative should complete Section 6 on page 8.**

No Yes **What type of decision did you appeal against?**
Asylum Non-asylum

Date of the appeal [Empty text box] / [Empty text box] / [Empty text box]

What is the appeal number, if you know it? [Empty text box]

No Yes

Name(s)	Relationship	Appeal number, if you know it

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

J 2 To the best of your knowledge, is any member of **your family** intending to appeal against an immigration decision?

No Yes

Name(s)	Relationship	Home Office reference number, if you know it

K Do you wish to have your appeal decided at an **oral hearing**?

No Please go directly to Section 4 on page 4.

Yes

L If you want an oral hearing, who will be present?

Yourself

Your representative

Witness/es

If you want a witness to attend your hearing, please give their name and Home Office reference number, if applicable.

M If you, your representative or a witness are attending the hearing, will you or they need an **interpreter**?

No Yes

Which language will be needed?
Language:
Dialect (if applicable):

N If you, your representative or a witness has a disability, please explain any special arrangements needed for the hearing.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 4

Grounds of your appeal

In this section you must set out the **grounds for your appeal** and give the **reasons** in support of these grounds – that is, why you disagree with the decision. You must do this **now** because you may not be allowed to mention any further grounds at a later date.

- If your appeal relates in whole or in part to an **asylum** decision, complete all of boxes **A** to **E** that apply to you.
- If you are not sure which boxes apply to you or there are other points of the refusal letter that you disagree with, write your grounds in box **F**.
- If your appeal relates to a **non-asylum** decision, go to box **G** and complete it.

Please refer to the paragraphs of the refusal letter when possible.

You should include in this section any parts of your claim that you think have not been addressed in the refusal letter. You must say if you have raised these issues before.

Give as much detail as possible: use additional sheets of paper if you need to.

Asylum decision

A If you disagree with the Home Office's interpretation of **the situation in your country**, please explain why in this box, and give reasons to support your point of view.

B If the Home Office has suggested that you could **live safely in another part of your country of origin**, and you disagree, please explain why in this box.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

C If the Home Office has stated that your claim is **not credible**, and you disagree, please explain why in this box.

D If the Home Office has stated that you do not qualify as a refugee on grounds of race, religion, nationality, membership of a particular social group, or political opinion (**under the criteria of the 1951 Geneva Convention**), and you disagree, please explain why in this box.

E If the Home Office has stated that specific articles of the **European Convention on Human Rights (ECHR)** do not apply to your case, and you disagree, please explain why in this box.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

F If there is **anything else** that you disagree with in the Home Office letter, please explain why in this box.

Please now go to section 5, 'Statement of additional grounds', on page 7.

Non-asylum decision

G If your appeal relates to a non-asylum decision with which you disagree, you must give your reasons below and refer to the paragraphs of the refusal letter.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 5

Statement of additional grounds

If your notice of decision requires you to make a **Statement of additional grounds**, you should make the statement in this box.

This section refers to any **other reasons** why you think:

- you should be allowed to stay in the United Kingdom, including any reasons relating to the European Convention on Human Rights
- you should not be removed or required to leave.

Do not repeat here any grounds and reasons that you have already given in Section 4.

You must give all these additional grounds and reasons **now** because you may not be able to make any other applications to appeal if this current application is refused. You should explain why you did not give these reasons before.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 6

Representation

If you have a representative, he or she must complete this section.

A Declaration by the Representative

I, the representative, am giving this notice of appeal in accordance with the appellant's instructions, and the appellant believes that the facts stated in this notice of appeal are true.

Representative's signature and date

Signature box and date box (/ /)

B Name of the representative
Please use CAPITAL LETTERS

Text box for representative name

C Name of the representative's organisation

Text box for representative organisation

D Postal address of organisation

Number / Street
Town
Post Code

E Reference for correspondence

Text box for reference for correspondence

F Telephone number

Text box for telephone number

G Mobile number

Text box for mobile number

H Fax number

Text box for fax number

I Email address

Text box for email address

J Are you an organisation regulated by the Office of the Immigration Services Commissioner (OISC)?

No Yes Please provide the OISC reference: [Text box]

K Has the appellant been granted publicly funded legal representation?

No Yes Please provide the LSC reference number, if applicable: [Text box]

Notice to representatives

You must also notify the Asylum and Immigration Tribunal, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the appellant's full name, address, and Home Office reference number.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 7

A Declaration by the Appellant

Appellant's signature and date

B Name of appellant Please use CAPITAL LETTERS

Section 8

What to do next

Send the notice of decision with this form

Documents to support you application

If you need to contact the Tribunal

Changes to your personal information

Data Protection Statement

Declaration by appellant

If you are the appellant and you are completing this form yourself, you must complete the declaration.

I, the appellant, believe that the facts stated in this notice of appeal are true.	
 	/ /

When you have completed the form

Keep a copy of this form for your own use. Then either:

- send the original form to: **Asylum and Immigration Tribunal
PO Box 7866
Loughborough
LE11 2XZ**
- or fax the form to: **01509 221699**

To make sure that you are sending your notice of decision with this form, please tick this box <input type="checkbox"/>
If you are sending any other documents with this form to support your appeal, please list them here.
If you are intending to send other documents that are not yet available to you, please list them here.

If you need to contact the Asylum and Immigration Tribunal, use your Home Office reference number and your Case Outcome ID in your correspondence.

You must notify the Tribunal if you change your address, and/or if you appoint a new representative.

Information, including personal details, that you have provided in this form will not be used by the Asylum and Immigration Tribunal for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.

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ASYLUM AND IMMIGRATION
(TREATMENT OF CLAIMANTS, ETC.)
ACT 2004

Notice of appeal to
the Asylum and Immigration
Tribunal (United Kingdom)

Form AIT-2
Overseas-
Entry
Clearance

Complete this form if you are appealing against a decision of an Entry Clearance Officer.

If you are appealing from outside the United Kingdom against any other decision, you must use appeal form AIT-3.

- To complete this appeal form, please refer to the information leaflet that was sent to you with your notice of decision and this form. You can also find the leaflet on www.dca.gov.uk.
- Please complete this form in English. It is in your interest to complete this form as thoroughly as possible, and state all of your grounds in order for your appeal to be dealt with efficiently.
- Please complete Section 1 of this form by referring to the notice of decision that was sent to you by the Entry Clearance Officer.
- Where there is a check box , put a check (X) in it to show your answer.
- You should send your notice of decision with this form.

Section 1

- A** Post reference number
- B** Type of Decision
- C** Name of British Mission Overseas
- D** Date of Service
- E** Deadline to appeal
- F** Method of Service

Your decision

Settlement Non-Settlement

/ /

/ /

Post Fax or Personal Service

Section 2

The deadline to appeal is **28 calendar days** from the date you were served with the decision. Your appeal must be received by the Visa Section or the Tribunal by the end of this period. **In accordance with the Asylum and Immigration Tribunal (Procedure) Rules 2005, you must not send your appeal to both locations.**

If you know your appeal is late, or if you are not sure your appeal will be received by the deadline date, **you must apply for an extension of time, and give your reasons for failing to submit your appeal in time, in the box →**

- Attach any evidence to the form.
- Use additional sheets of paper if you need to.

Late appeal and application for extension of time

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 3

- A** Your Surname or family name
Please use CAPITAL LETTERS
- B** Your other names
- C** Address where you can be contacted
Notice:
If you change your address, you **must** notify the Asylum and Immigration Tribunal immediately, in writing. The address of the Tribunal is at the end of this form.
- D** Telephone number
Give a number where the Tribunal may contact you during the day
- E** Your date of birth
Please give as Day/Month/Year
- F** Are you male or female?
- G** Nationality (or nationalities) or citizenship
- H** Do you have a representative?
- I** Have **you** appealed against any other immigration decision made **either** in the United Kingdom or overseas?
- J 1** To the best of your knowledge, does any member of **your family** have an appeal pending in the United Kingdom?

Personal information

Number/Street

Town / Post Code

Country

/ /

Male
Female

No
Yes

Your representative should complete Section 5 on page 5.

No
Yes

What type of decision did you appeal against?
 Asylum Non-asylum

Date of the appeal

/ /

What is the appeal number, if you know it?

No
Yes

Name(s)	Relationship	Appeal number, if you know it

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J 2 To the best of your knowledge, is any member of **your family** intending to appeal against an immigration decision?

No Yes

Name(s)	Relationship	Post / Home Office reference number, if you know it

K Do you wish to have your appeal decided at an **oral hearing**?

No Please go directly to Section 4 on page 4.
 Yes

L If you want an oral hearing, who will be present?

Your representative
 Sponsor(s)

If you want a sponsor to attend your hearing, please give their name and Home Office reference number, if applicable.

M If your representative or a sponsor are attending the hearing, will they need an **interpreter**?

No Yes

Which language will be needed?
Language:
Dialect (if applicable):

N If your representative or a sponsor has a disability, please explain any special arrangements needed for the hearing.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 4

Grounds of your appeal

- In this section you must set out the **grounds for your appeal** and give the **reasons** in support of these grounds – that is, why you disagree with the decision. You must do this **now** because you may not be allowed to mention any further grounds at a later date.
- Please set out your grounds, and reasons in support of those grounds, in the box below.
- Please refer to the paragraphs of the refusal letter when possible.
- You should include in this section any parts of your claim that you think have not been addressed in the refusal letter. You must say if you have raised these issues before.
- Give as much detail as possible: use additional sheets of paper if you need to.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 5

Representation

If you have a representative, he or she must complete this section.

A Declaration by the Representative

Representative's signature and date

B Name of the representative
Please use CAPITAL LETTERS

C Name of the representative's organisation

D Postal address of organisation

E Reference for correspondence

F Telephone number

G Mobile number

H Fax number

I Email address

J Are you an organisation regulated by the Office of the Immigration Services Commissioner (OISC)?

K Has the appellant been granted publicly funded legal representation?

I, the representative, am giving this notice of appeal in accordance with the appellant's instructions, and the appellant believes that the facts stated in this notice of appeal are true.

_____/_____/_____

Number / Street

Town

Post Code

No Yes **Please provide the OISC reference:**

No Yes **Please provide the LSC reference number, if applicable:**

Notice to representatives

You must notify the Asylum and Immigration Tribunal, the Visa Section in the country where you applied, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the **appellant's full name, address, and Post reference number.**

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 6

A Declaration by the Appellant

Appellant's signature and date

B Name of appellant
Please use CAPITAL LETTERS

Section 7

What to do next

Send the notice of decision with this form

Documents to support your application

If you need to contact the Tribunal

Changes to your personal information

Data Protection Statement

Declaration by appellant

If you are the appellant and you are completing this form yourself, you must complete the declaration.

I, the appellant, believe that the facts stated in this notice of appeal are true.	
 	/ /

When you have completed the form

Keep a copy of this form for your own use. Then send the original form to either **1** or **2** below, but **not** to both:

- 1** The Visa Section in the country where you applied; **or**
- 2** The Asylum and Immigration Tribunal. You may send the form to the Tribunal, either by sending it to: **Asylum and Immigration Tribunal
PO Box 7866
Loughborough, United Kingdom
LE11 2XZ**
Or by faxing it to: +44 (0)15 09 221 699

Please tick **one** of boxes **1** or **2** below to show where you will send the form

1 Visa Section <input type="checkbox"/>	2 Tribunal <input type="checkbox"/>
To make sure that you are sending your notice of decision with this form, please tick this box <input type="checkbox"/>	
If you are sending any other documents with this form to support your appeal, please list them here: 	
If you are intending to send other documents that are not yet available to you, please list them here: 	

If you need to contact the Asylum and Immigration Tribunal, use your Post reference number in your correspondence.

You must notify the Tribunal if you change your address, and/or if you appoint a new representative.

Information, including personal details, that you have provided in this form will not be used by the Visa Section, or Asylum and Immigration Tribunal, for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

ASYLUM AND IMMIGRATION
(TREATMENT OF CLAIMANTS, ETC.)
ACT 2004

Notice of appeal to
the Asylum and Immigration
Tribunal (United Kingdom)

Form AIT-3
Overseas –
Non-Entry
Clearance

Complete this form if:

your right of appeal can only be exercised after having left the United Kingdom
or you have chosen to leave the United Kingdom before exercising your right of appeal.

If you are appealing from outside the United Kingdom against a decision of an Entry Clearance Officer, you must use appeal form AIT-2.

- To complete this appeal form, **please refer to the information leaflet** that was sent to you with your notice of decision and this form. You can also find the leaflet on www.dca.gov.uk.
- Please complete this form in English. It is in your interest to complete this form as thoroughly as possible, and state all of your grounds in order for your appeal to be dealt with efficiently.
- Please complete Section 1 of this form by referring to the notice of decision that was sent to you by the Home Office.
- Where there is a check box , put a check (X) in it to show your answer.
- You should send your notice of decision with this form.

Section 1

- A** Home Office reference number
- B** Case Outcome ID
- C** Type of Decision
- D** Date of Service
- E** Deadline to appeal
- F** Method of Service

Your decision

Non-asylum Asylum

/ /

/ /

Post Fax or Personal Service

Section 2

The deadline to appeal is:

- 28 calendar days** from the date of your departure from the United Kingdom when your right of appeal can only be exercised after you have left the United Kingdom.
- 28 calendar days** from the date when you received your decision in all other cases.

Your appeal must be received by the Tribunal by the end of this period.

If you know your appeal is late, or if you are not sure your appeal will be received by the deadline date, **you must apply for an extension of time, and give your reasons for failing to submit your appeal in time, in the box →**

- Attach any evidence to the form.
- Use additional sheets of paper if you need to.

Late appeal and application for extension of time

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Section 3

- A** Your Surname or family name
Please use CAPITAL LETTERS
- B** Your other names
- C** Address where you can be contacted
Notice:
If you change your address, you **must** notify the Asylum and Immigration Tribunal immediately, in writing. The address of the Tribunal is at the end of this form.
- D** Telephone number
Give a number where the Tribunal may contact you during the day
- E** Your date of birth
Please give as Day/Month/Year
- F** Are you male or female?
- G** Nationality (or nationalities) or citizenship
- H** Do you have a representative?
- I** Have you appealed against any other immigration decision made in the United Kingdom?
- J 1** To the best of your knowledge, does any member of your family have an appeal pending in the United Kingdom?

Personal information

[Empty text box]

[Empty text box]

Number/Street

[Empty text box]

Town / Post Code

[Empty text box]

Country

[Empty text box]

[Empty date box: / /]

Male Female

[Empty text box]

No Yes Your representative should complete Section 5 on page 7.

No Yes What type of decision did you appeal against?
Asylum Non-asylum

Date of the appeal [Empty date box: / /]

What is the appeal number, if you know it? [Empty text box]

No Yes

Name(s)	Relationship	Appeal number, if you know it

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

J 2 To the best of your knowledge, is any member of **your family** intending to appeal against an immigration decision?

No Yes

Name(s)	Relationship	Home Office reference number, if you know it

K Do you wish to have your appeal decided at an **oral hearing**?

No Please go directly to Section 4 on page 4.

Yes

L If you want an oral hearing, who will be present?

Your representative

Witness/es

If you want a witness to attend your hearing, please give their name and Home Office reference number, if applicable.

M If your representative or a witness are attending the hearing, will they need an **interpreter**?

No Yes

Which language will be needed?
Language:
Dialect (if applicable):

N If your representative or a witness has a disability, please explain any special arrangements needed for the hearing.

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Section 4

Grounds of your appeal

In this section you must set out the **grounds for your appeal** and give the **reasons** in support of these grounds – that is, why you disagree with the decision. You must do this **now** because you may not be allowed to mention any further grounds at a later date.

- If your appeal relates in whole or in part to an **asylum** decision, complete all of boxes **A** to **E** that apply to you.
- If you are not sure which boxes apply to you or there are other points of the refusal letter that you disagree with, write your grounds in box **F**.
- If your appeal relates to a **non-asylum** claim, go to box **G** and complete it.

Please refer to the paragraphs of the refusal letter when possible.

You should include in this section any parts of your claim that you think have not been addressed in the refusal letter. You must say if you have raised these issues before.

Give as much detail as possible: use additional sheets of paper if you need to.

Asylum decision

- A** If you disagree with the Home Office's interpretation of **the situation in your country**, please explain why in this box, and give reasons to support your point of view.

- B** If the Home Office has suggested that you could **live safely in another part of your country of origin**, and you disagree, please explain why in this box.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

C If the Home Office has stated that your claim is **not credible**, and you disagree, please explain why in this box.

D If the Home Office has stated that you do not qualify as a refugee on grounds of race, religion, nationality, membership of a particular social group, or political opinion (**under the criteria of the 1951 Geneva Convention**), and you disagree, please explain why in this box.

E If the Home Office has stated that specific articles of the **European Convention on Human Rights (ECHR)** do not apply to your case, and you disagree, please explain why in this box.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

F If there is **anything else** that you disagree with in the Home Office letter, please explain why in this box.

Non-asylum decision

G If your appeal relates to a non-asylum decision with which you disagree, you must give your reasons below and refer to the paragraphs of the refusal letter.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 5

Representation

If you have a representative, he or she must complete this section.

A Declaration by the Representative

I, the representative, am giving this notice of appeal in accordance with the appellant's instructions, and the appellant believes that the facts stated in this notice of appeal are true.

Representative's signature and date

Signature box and date box (/ /)

B Name of the representative
Please use CAPITAL LETTERS

Text box for representative name

C Name of the representative's organisation

Text box for representative organisation

D Postal address of organisation

Number / Street, Town, Post Code

E Reference for correspondence

Text box for reference for correspondence

F Telephone number

Text box for telephone number

G Mobile number

Text box for mobile number

H Fax number

Text box for fax number

I Email address

Text box for email address

J Are you an organisation regulated by the Office of the Immigration Services Commissioner (OISC)?

No Yes Please provide the OISC reference:

K Has the appellant been granted publicly funded legal representation?

No Yes Please provide the LSC reference number, if applicable:

Notice to representatives

You must notify the Asylum and Immigration Tribunal, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the appellant's full name, address, and Home Office reference number.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 6

A Declaration by the Appellant

Appellant's signature and date

B Name of appellant
Please use CAPITAL LETTERS

Section 7

What to do next

Send the notice of decision

Documents to support you application

If you need to contact the Tribunal




Changes to your personal information

Data Protection Statement

Declaration by appellant

If you are the appellant and you are completing this form yourself, you must complete the declaration.

I, the Appellant, believe that the facts stated in this notice of appeal are true.

When you have completed the form

Keep a copy of this form for your own use. Then **either**:

- Send the original form to:**
Asylum and Immigration Tribunal
PO Box 7866
Loughborough, United Kingdom
LE11 2XZ
- or fax the form to:** **+44 (0)15 09 221 699**

To make sure that you are sending your notice of decision with this form, please tick this box

If you are sending any other documents with this form to support your appeal, please list them here.

If you are intending to send other documents that are not yet available to you, please list them here.

If you need to contact the Asylum and Immigration Tribunal, use you Home Office reference number and your Case Outcome ID in your correspondence.

You must notify the Tribunal if you change your address and/or if you appoint a new representative.

Information, including personal details, that you have provided in this form will not be used by the Asylum and Immigration Tribunal for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

ASYLUM AND IMMIGRATION
(TREATMENT OF CLAIMANTS, ETC.)
ACT 2004

Application to the Asylum
and Immigration Tribunal
for permission to appeal to
the Court of Appeal or
Court of Session
Form AIT-4

Complete this form if you want to challenge the Asylum and Immigration Tribunal determination **on a point of law** by appealing to the Court of Appeal, or the Court of Session when the decision of the Tribunal was made in Scotland

- Please complete this form in English. It is in your interest to complete this form as thoroughly as possible, and state all your grounds in order for your application to be dealt with efficiently.
- Please complete Section 1 of this form by referring to the determination that the Tribunal sent you.
- Where there is a check box , put a check (X) in it to show your answer.
- You should send your determination with this form.

Section 1

- A** Tribunal Appeal number
- B** Case Outcome ID
- C** Type of Decision
- D** Date of Service
- E** Deadline to apply
- F** Method of Service

Your decision

Non-asylum Asylum

/ /

/ /

Post Fax or Personal Service

Deadlines for applying

Section 2

The deadline to apply is:

- 5 business days** from the date you were served with the decision, if you are detained under the Immigration Acts.
- 10 business days** from the date you were served with the decision, if you are not detained under the Immigration Acts.

Your application must be received by the Tribunal by the end of this period.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 3

- A** Your Surname or family name
Please use CAPITAL LETTERS
- B** Your other names
- C** Address where you can be contacted
Notice:
If you change your address, you **must** notify the Asylum and Immigration Tribunal immediately, in writing. The address of the Tribunal is at the end of this form.
- D** Telephone number
Give a number where the Tribunal may contact you during the day
- E** Your date of birth
Please give as Day/Month/Year
- F** Are you male or female?
- G** Nationality (or nationalities) or citizenship
- H** Do you have a representative?

Personal information	
<input type="text"/>	
<input type="text"/>	
Number/Street	
<input type="text"/>	
<input type="text"/>	
Town	
Post Code	<input type="text"/>
<input type="text"/>	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	
No <input type="checkbox"/> Yes <input type="checkbox"/>	Your representative should complete Section 5 on page 4.

Please turn to section 4 on page 3 →

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section 4

Grounds of your appeal to the Court of Appeal or Court of Session

- ❑ An appeal to the Court of Appeal or Court of Session against a determination by the Tribunal is permissible only on a **point of law**.
- ❑ An appeal may be made against a point of law in a determination relating to an asylum decision or a non-asylum decision.
- ❑ In this section you must set out the **errors of law** that you believe have been made in the determination that you would like to appeal against and give **reasons** in support of these beliefs. You must do this **now** because you may not be allowed to mention any further points of law at a later date.
- ❑ Give as much detail as possible: use additional sheets of paper if you need to.

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Section 5

Representation

If you have a representative, he or she must complete this section.

A Declaration by the Representative

Representative's signature and date

B Name of the representative
Please use CAPITAL LETTERS

C Name of the representative's organisation

D Postal address of organisation

E Reference for correspondence

F Telephone number

G Mobile number

H Fax number

I Email address

J Are you an organisation regulated by the Office of the Immigration Services Commissioner (OISC)?

K Has the appellant been granted publicly funded legal representation?

I, the representative, am making this application in accordance with the appellant's instructions, and the appellant believes that the facts stated in this application are true.

_____/_____/_____

Number / Street

Town
Post Code

No Yes Please provide the OISC reference:

No Yes Please provide the LSC reference number, if applicable:

Notice to representatives

You must notify the Asylum and Immigration Tribunal, and other parties, if you cease to represent the appellant. If the appellant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the **appellant's full name, address, and Tribunal appeal number.**

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Section 6

A Declaration by the Appellant

Appellant's signature and date

B Name of appellant
Please use CAPITAL LETTERS

Section 7

What to do next

Send your determination with this form

Documents to support you application

If you need to contact the Tribunal

Changes to your personal information

Data Protection Statement

Declaration by appellant

If you are the appellant and you are completing this form yourself, you must complete the declaration.

I, the appellant, believe that the facts stated in this application are true.

_____ / ____ / ____

When you have completed the form

Keep a copy of this form for your own use. Then **either**:

- send** the original form to:

Asylum and Immigration Tribunal
PO Box 7866
Loughborough
LE11 2XZ
- or fax** the form to: **01509 221699**

To make sure that you are sending your determination with this form, please tick this box

If you are sending any other documents with this form to support your application and appeal, please list them here.

If you need to contact the Asylum and Immigration Tribunal, use the Tribunal appeal number and your Case Outcome ID in your correspondence.

You must notify the Tribunal if you change your address, and/or if you appoint a new representative.

Information, including personal details, that you have provided in this form will not be used by the Asylum and Immigration Tribunal for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.

ASYLUM AND IMMIGRATION
(TREATMENT OF CLAIMANTS, ETC.)
ACT 2004

Application to be released on bail **Form B1**

Section 1

- A** Home Office reference number
- B** Your surname or family name
Please use CAPITAL LETTERS
- C** Your other names
- D** Address where you are detained

- E** Your date of birth
Please give as Day / Month / Year
- F** Are you male or female?
- G** Nationality (or nationalities) or citizenship
- H** Date of arrival in the United Kingdom
- I** Do you have a representative?

Section 2

- A** Do you have an appeal pending?
- B** Have you lodged a bail application before?
- C** The address where you plan to live, if your application for bail is granted

Personal information

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post Code	<input type="text"/>
<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	<input type="text"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>
Your representative should complete Section 7 on page 4.	

About your application

No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is the appeal number, if you know it?	<input type="text"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is the bail reference number, if you know it?	<input type="text"/>
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Town			
<input type="text"/>			
Post Code			
<input type="text"/>			

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Section 3

- A** Recognisance
- B** Deposit – applies to bail applications in Scotland only
- C** Appellant’s signature and date
- D** Name of the Appellant
Please use CAPITAL LETTERS
- E** Would you like to be considered for electronic monitoring?

Section 4

- A** Surname or Family name
Please use CAPITAL LETTERS
- B** Other names
- C** Address
- D** Occupation
- E** Recognisance / Deposit
- F** Date of birth
- G** Nationality (or nationalities) or citizenship
- H** Passport number(s)
(if more than one nationality is held)

Notice to applicants

Personal information

I agree to be bound to a recognisance of £

If bail is granted, I will pay a deposit of £

_____ / ____ / ____

No Yes

About your sureties (if any)

Surety 1	Surety 2
_____	_____
_____	_____
_____	_____
Post Code _____	Post Code _____
_____	_____
£ _____	£ _____
_____ / ____ / ____	_____ / ____ / ____
_____	_____
_____	_____

Please ensure that **you and your surety/ies** bring to the bail hearing:

- Passports(s)
- Bank statements and other financial documents necessary for the grant of bail

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Section 5

The grounds on which you are applying for bail

- In this section you must set out all the reasons why you think you should be released.
- If you have had a previous application for bail refused, give full details of any change in circumstances since then.
- Give as much detail as possible: use additional sheets of paper if you need to, and attach them to this form.

In this box, give all the reason(s) why you think you should be released.

Section 6

At the hearing of your application

A Will you or your surety need an interpreter?

No Yes

Which language will be needed?

Language:

Dialect (if applicable):

B If you or your legal representative has a disability, please explain any special arrangements needed for the hearing.

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Section 7

Representation

If you have a representative, he or she must complete this section

A Declaration by the Representative

I, the representative, am making this application in accordance with the appellant's instructions, and the appellant believes that the facts stated in this application are true.

Representative's signature and date

Signature box and date box (/ /)

B Name of the representative
Please use CAPITAL LETTERS

Text box for representative name

C Name of the representative's organisation

Text box for representative organisation

D Postal address of organisation

Number / Street
Town
Post Code

E Reference for correspondence

Text box for reference for correspondence

F Telephone number

Text box for telephone number

G Mobile number

Text box for mobile number

H Fax number

Text box for fax number

I Email address

Text box for email address

J Are you an organisation regulated by the Office of the Immigration Services Commissioner (OISC)?

No Yes Please provide the OISC reference:

K Has the appellant been granted publicly funded legal representation?

No Yes Please provide the LSC reference number, if applicable:

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

Notice to representatives

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Section 8

Declaration by appellant

If you are the appellant and you are completing this form yourself, you must complete the declaration.

A Declaration by the Appellant

Appellant's signature and date

I, the appellant, believe that the facts stated in this application are true.	
<input type="text"/>	<input style="width: 50px;" type="text" value=" / "/>
<input type="text"/>	

B Name of appellant
Please use CAPITAL LETTERS

Section 9

When you have completed the form

What to do next

Keep a copy of this form for your own use. Send or deliver the original form to the court to which you intend to make your application for bail.

Data Protection Statement

Information, including personal details, that you have provided in this form will not be used by the Asylum and Immigration Tribunal for any purpose other than the determination of your application. The information may be disclosed to other government departments and public authorities only, for related immigration or asylum purposes.