

# International Protection Appeals Tribunal

## NOTICE OF APPEAL

against a recommendation of the International Protection Office under regulation 6 of the European Union (Subsidiary Protection) Regulations 2013

### 1. Personal details relating to the applicant(s) appealing

Name of Primary Applicant	Date of Birth	Gender	Nationality	Person Ref.
Name of Dependant Applicant included in this appeal	Date of Birth	Gender	Relationship to Applicant	Person Ref.

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (if any): \_\_\_\_\_

### 2. Family members

Details of all family members living in the State not included in appeal:

Name	Date of Birth	Gender	Relationship to Applicant	Person Ref.

### 3. Oral Hearing

Do you wish to have an oral hearing in connection with your appeal?

Yes:  No:  (tick as appropriate).

If yes, do you require an interpreter?

Yes:  No:  (tick as appropriate).

If you require an interpreter, specify the precise **language or dialect**: \_\_\_\_\_

Alternative language if above not available: \_\_\_\_\_

### 4. Representation

#### 4.1 Guardian

If you are under 18 years of age and have a Health Service Executive caseworker or are in the care of a person other than a parent, please state his/her:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

#### 4.2 Legal Representation

Do you have legal representation? Yes:  No:  (tick as appropriate).

**If yes, please complete the following:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

**5. Grounds of Appeal**

Please state clearly and concisely the grounds on which you are seeking to appeal the recommendation of the International Protection Officer.

Ground 1: \_\_\_\_\_

Ground 2: \_\_\_\_\_

Ground 3: \_\_\_\_\_

Ground 4: \_\_\_\_\_

Ground 5: \_\_\_\_\_

**6. Witnesses**

Please supply details of witness(es) you wish the Tribunal to consider permitting to give evidence at your hearing. Please state clearly the nature, purpose and relevance of the evidence proposed to be given by the witness(es).

Name	Contact details	Language	Nature, purpose and relevance of the evidence

Signed: \_\_\_\_\_

(Applicant)

Date

Signed: \_\_\_\_\_

(Legal representative)

Date

**Please note that guidelines may be issued from time to time regarding the information to be included in this form. Copies of such guidelines will be placed on the Tribunal’s website.**