

JOBSEEKER'S ALLOWANCE APPEAL LETTER

NAME:
Name of Appointee:
ADDRESS:

Date of Birth:
National Insurance No:

APPEALS Send to:
HMCTS SSCS Appeals Centre
PO Box 27080
GLASGOW
G2 9HQ

Dear Sir/Madam

Please accept this as an appeal against my **JSA DECISION DATED:**_____

My Grounds of Appeal - The decision does not adequately reflect my circumstances. In addition I submit that the decision maker has failed to follow the correct procedures.

- I have paid sufficient National Insurance credits and should pass the residence tests
- I had good reasons for not attending my appointment/interview/job/placement and should not have received a sanction/should not have received the level of sanction (*please delete as appropriate)
- I had a good reasons for not taking part in Mandatory Work Activities/leaving my place of work or training course and should not have received a sanction

Additional reasons (please see over)

- I enclose a copy of a mandatory reconsideration notice

SPECIAL REASONS FOR LATENESS (see over)

My representatives are **Welfare Rights Section, Glasgow City Health and Social Care Partnership, City Chambers East, 40 John Street, Glasgow, G1 1JL**, I authorise them to act on my behalf. Please ensure they receive copies of all further correspondence and a copy of the appeal papers.

I do not consent to my appeal being heard without an oral hearing. I do not consent to less than the full advance notice stated in rule 29(2) of the Tribunal Procedure Rules 2008.

Yours faithfully

I require an interpreter in language: _____ Dialect: _____

Signature: _____ Date: _____