

(Form 2)
Refugee Appeals Tribunal
NOTICE OF APPEAL

against a recommendation of the Refugee Applications Commissioner made under section 13(5) or (8) of the Refugee Act 1996

1. **Personal details relating to the applicant(s) lodging this appeal:**

1.1 Asylum Appeal Reference Number: 69 / /

1.2 Name: _____

1.3 Date of Birth: / /

1.4 Address: _____

1.5 Telephone Number (if any): _____

Note: Correspondence relating to your appeal will be sent to the address which you are required to furnish to the Refugee Applications Commissioner under section 9(4A) of the Refugee Act 1996 unless you put down on this form a different address for service of notices for the purposes of your appeal before the Refugee Appeals Tribunal or indicate that you wish all correspondence to be sent to your legal representative. You must also inform the Tribunal of any change of address to any address provided here. Your attention is drawn to Regulation 6 of the Refugee Act 1996 (Appeals) Regulations 2003.

1.6 Nationality: _____

1.7 Temporary Residence Certificate Number: _____

1.8 Personal Public Service (P.P.S. N.) Number: _____

1.9 Supplementary Welfare Payment Centre: _____

1.10 **Personal and Family Details:**

Name of your spouse (as applicable): _____

Details of all family members - spouse and children - living in the State:

Name	Date of Birth	Male or female	Relationship to Applicant	File ref. No. 69/-

You may use additional or separate pages, if necessary, but, if so, both you and your legal representative, if any, should sign the bottom of each additional page. This appeal will be treated as an appeal in relation to each of the family members listed at paragraph 1.10 above.

1.11 If you are under 18 years of age and are in the care of a Health Board, please state:

(a) Name and address of Health Board representative: _____

(b) Name of Health Board: _____

If you are in the care of a person other than a parent or the Health Board, please insert here the name and address of that person.

(a) Name:

(b) Address:

2. **Legal Representation**

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

If yes, please complete the following:

2.2 Name of your legal representative: _____

2.3 His or her address: _____

2.4 His or her telephone number: _____

2.5 His or her fax number: _____

If you instruct a legal representative at a later stage of your appeal you should inform the Refugee Appeals Tribunal of this immediately and provide details as in this section of the form.

3. **Grounds of Appeal**

3 On what grounds do you claim to have a well-founded fear of being persecuted? Please tick the relevant box below.

Race

Religion

Nationality

Membership of a particular social group

Political Opinion

3.2 Please state clearly and concisely the grounds on which you are seeking to appeal the recommendation of the Refugee Applications Commissioner .

The grounds of the appeal should indicate -

(a) to what extent (if any you contend that the recommendation of the Refugee Applications Commissioner, a copy of which has been provided to you, erred in fact;

(b) to what extent (if any) you contend that the recommendation of the Refugee Applications Commissioner,

(c) any additional information.

Ground 1: _____

Ground 2: _____

Ground 3: _____

_____ etc.

All grounds of appeal and documentation (see section 4 below) on which you intend to rely in your appeal must accompany this notice of appeal and (if applicable) the relevant parts must be clearly indicated accordingly. If you are submitting information which was not available to the Refugee Applications Commissioner, you must state why this was so and also the precise relevance of this information to your case.

4. Documentation

*Please list here all documents and/or records on which you propose to rely for the purposes of your appeal. **These documents must accompany this form.***

Where documentation has already been supplied to the Refugee Applications Commissioner in connection with the investigation of your application, or is otherwise available to the Commissioner, the Commissioner will make it available directly to the Refugee Appeals Tribunal: there is no need for you to provide fresh copies.

Please note that all documentation on which you intend to rely and which has not already been supplied to, or is otherwise not available to the Commissioner, must accompany this notice of appeal and (if applicable) the relevant parts must be clearly indicated.

Where possible, original documentation should be provided.

Please note that where a record submitted is a medical record it must be supported by a report of a medical practitioner. **These documents must be original versions.**

Where a record submitted is a video tape or audio tape it should be accompanied by such documentation verifying its authenticity or reliability as may be available. Please support this form of submission by indicating the nature and purpose of the record.

Document 1: _____

Document 2: _____

Document 3: _____ etc.

You may use additional or separate pages, if necessary but, if so, both you and your legal representative, if any, should sign the bottom of each additional page.

5. *Communications to the Tribunal*

All communications to the Tribunal should be sent by registered post, or faxed (and confirmed by a successful transmission report), or delivered to the Refugee Appeals Tribunal 6/7 Hanover Street East, Dublin 2 - the Tribunal will issue you with a receipt which you should retain as proof of such delivery.

Signed: _____
Applicant
Date

Signed: _____
Legal representative
Date