

EMPLOYMENT AND SUPPORT ALLOWANCE - POINTS 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 **ESA DECISION DATED:** _____

My Grounds of Appeal - The assessment/decision does not adequately reflect the impact my health problems have on the relevant descriptors and do not follow the correct test in law as stated by the Upper Tribunal and higher Courts as: (*please tick as appropriate)

- I satisfy enough descriptors to have a limited capacity for work
- Special circumstances exist that mean I have limited capacity for work
- I satisfy at least one of the relevant activities to be considered as having limited capability for work related activities and be placed in the support group.
- Exceptional circumstances exist whereby I should be deemed to have a limited capability for work related activities and be placed in the support group.

In addition I submit that the decision maker has failed to follow the correct notification /revision/supersession procedures.

I have enclosed a copy of my 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. Should you decide to schedule my appeal in a manner contrary to these instructions then please contact my representatives to ensure that my right to a fair hearing under Article 6 of the ECHR remains protected.

Yours faithfully

I require an interpreter (Language:)

Dialect: _____

Signature: _____

Date: _____