

Notice of appeal against a decision of the Department for Work and Pensions – **Child Maintenance Group**

You should use this form to appeal against a decision regarding child support or maintenance made by the Child Maintenance Group of the Department for Work and Pensions (DWP). For decisions regarding social security benefits you should use form SSCS1.

Further guidance to help you fill in this form is available in booklet SSCS2A 'How to appeal against a Child Maintenance decision made by the Department for Work and Pensions'. You can download the booklet or find out where it can be obtained from by visiting: www.gov.uk/appeal-benefit-decision

Help and support

You can ask someone who knows about the benefits system to help you with your appeal. For example, someone from your local advice centre, law centre or Citizens Advice. You could also ask a friend or family member.

If you have any questions about the benefit appeals service then phone the **HMCTS Benefit appeal helpline** on the number below. The helpline call agents cannot give you legal advice.

England and Wales: 0300 123 1142. Scotland: 0300 790 6234. Welsh language speakers: 0300 303 5170.

This form is available in other formats

You can download this form in large print or Welsh: www.gov.uk/government/publications/appeal-a-socialsecurity-benefits-decision-form-sscs2. If you need it in Braille then phone: 0300 123 1142.

Before you start

You need the following information to fill in this form:

- Your Mandatory Reconsideration Notice (MRN)
- · Details of the other party/parties
- Details of your representative (if you have one)
 If you have someone helping you with your appeal then you can register them as your 'representative'. For example, someone from your local advice centre, law centre or Citizen Advice.
- · Reasons for your appeal

The reasons you disagree with the Child Maintenance Group decision. You can write as much as you want. Your appeal will be decided by an independent tribunal. They are separate from the Child Maintenance Group.



Section 1: Your details

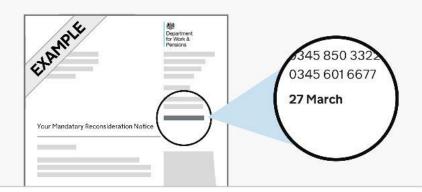
Use **BLOCK CAPITALS**

tell us about this. Mr Miss Mrs Ms Doctor Reverend First name Last name Date of birth (DD/MM/YYYY) Address line 1 Address line 2 National Insurance number Letters Numbers Letter Address line 3 Your Child maintenance number Postcode **Email address** You will receive updates and a link so you can manage your appeal online. Mobile phone number Text message updates Tick this box if you would like to receive text message updates. Landline number (if you have one) You will receive free updates and a link so you can manage your appeal online. Please indicate your role in the child maintenance case by ticking one of the boxes below: This means you are the person who has been asked to make payments. I am the paying parent I am the receiving parent This means you are the person who will receive child maintenance payments. I am another party Please explain your role here.

Fill in this section to tell us about you. You also need to tell us what your role in the child maintenance case is. You may be the paying parent or the parent who receives payments. Tick the appropriate box in this section to

Section 2: About your Child Maintenance appeal

When is your Mandatory Reconsideration Notice (MRN) dated, if you have one?



Your Mandatory Reconsideration Notice	
Enter the date from the top right of your MRN letter or For example 27/04/2021	the date of your benefits decision letter
If the date you have entered is over one month from today	r's date, briefly explain why your appeal is late.
The Child Maintenance Group and the other person(s) invo appeal if they think there are grounds to do this. The tribur let you know the outcome.	,,
Section 3: About the other person in the ch	nild maintenance case
to make payments or the parent who receives them. The cappeal and HM Courts & Tribunals Service will send them progress on the appeal and invite them to attend any heathan one other person involved in the appeal.	d maintenance case. This could be the parent who is required other person in the case will be automatically involved in the copies of the relevant papers, keep them up to date on the aring. Depending on your circumstances, there may be more ease specify) Surname of the other person
Do you know the address of the other person?	Yes No
If No, we will ask the Child Maintenance Group to tell us t of the other person so that we can write to them about th and send them copies of the papers.	
If Yes, please provide the person's address below.	If there is more than one person involved in
Address	the assessment, please provide their details on a separate sheet
Postcode	

Section 4: About your representative (If you have one)

Fill in this section if you have someone helping you with your appeal and you would like them to be your 'representative'. This might be someone from your local advice centre, law centre or Citizens Advice. It could also be a friend, family member or advisor who knows about child maintenance matters.

Registering a representative means they can:

- help you submit your appeal or prepare your evidence
- act on your behalf (they should ask your permission first)
- see any evidence that is submitted by you, the other person involved in the appeal, and the Child Maintenance Group

By entering their details here and signing this form, you are authorising the tribunal to deal with your representative as well as you, about your appeal.

Provide as much information as you can about your representative. If you want to appoint a representative later, then you must send us the details in writing to the address at the end of this form. Mr Mrs Miss Ms Doctor Reverend First name Last name Organisation (if they work for one) Address line 1 Address line 2 Address line 3 **Postcode Email address** Your representative will receive email updates and a link so they can manage your appeal online. Mobile phone number Text message updates Tick this box if your representative would like to receive text message updates. You should check that your representative Landline number (if they have one) is happy to receive text message updates.

HM Courts & Tribunals Service must, by law, share all the evidence relain it. The other person may therefore receive information which show person to know where you live , HM Courts & Tribunal Service can p details from any evidence sent to the other person. It is only informat home address that can be kept confidential. Please indicate below whether you want your address to be kept confidential.	ws where you live. If you do not wish the other orevent this happening by removing address tion that leads to the identification to a parties
Does the other person know where you live?	Yes No
If No, do you want your home address to be kept confidential?	Yes No
If there is more than one person involved in the case, your address wi have asked for confidentiality.	ill be withheld from all other persons involved if you
Section 6: About your appeal	
This is where you explain to the tribunal why you are appealing. The tyou, the other person involved in the appeal, and the Child Maintena your appeal.	•
The Child Maintenance Group should have explained their decision in the decision letter they sent you. Read your MRN and the decision let	•
Write what you disagree with and why you disagree with it.	
You can write as much as you want but you must provide at least one	e reason.

(if necessary, continue on a seperate sheet and put you child maintenance reference number on each sheet)

Providing evidence to support your Child Maintenance appeal

Section 5: About confidentiality

Evidence is any information that supports your appeal such as a letter or written statement. Useful evidence helps the tribunal understand the facts of your appeal.

You can include your evidence with this appeal form or you can send it later. You should provide evidence as early as possible in your appeal, so the tribunal have time to review it before they make a decision.

You do not have to send in evidence. Any evidence you do send will be shared with the other person involved in the appeal, the Child Maintenance Group, and your 'representative', if you have one.

Section 7: About your choice of hearing

Your appeal will be decided by the tribunal using the information in this form and any additional evidence you provide. Information and evidence submitted by the other person involved in the appeal, and the Child Maintenance Group will also be considered.

Or you can also explain your reasons for appealing by taking part in the hearing, by telephone, video or face-to-face. You, your representative or the other person involved in the appeal will be expected to attend the hearing.

The tribunal can arrange support at your hearing such as an interpreter, hearing loop or disabled access.

I want to take part in the hearing Go to Section 7a

I do not want to take part in the hearing Go to Section 10

We will also write to the other person involved in the appeal to ask how they would like the appeal to be decided. If any other person in the appeal opts to attend a hearing, then a hearing will be arranged, but you only need attend if you want to.

Section 7a: Your telephone, video or face to face hearing

The ty	ype of oral hearing will be at the discretion of the tribunal.
Please	e select all the suitable options for you to take part in the hearing.
	Telephone (you'll need somewhere quiet and private to speak). Please give us your preferred telephone number if different from above.
	Video (you'll need access to a computer or mobile device with a good internet speed and somewhere quiet and private to speak). Please give us your preferred email address if different from above.
	Face to face (you will need to travel to the hearing in person). Go to Section 8

Section 8: Support at your hearing

Use **BLOCK CAPITALS**

Only fill this section in if you want to take part in the hearing and you need the tribunal to arrange some support. You will not be charged for any support the tribunal arrange.

You cannot use your own interpreter at the hearing. Provide details below, if you need one.

Language interpreter	
Language	Dialect
Sign language interpreter	
Sign language	
Hearing loop Accessible hearing room Any other support that you need the tribunal to arrange v	which could be for a physical or mental health condition

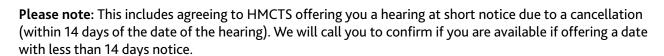
Section 9: Your availability for a hearing

Only fill in this section if you have said you want to take part in the hearing for your appeal.

You should make yourself available for the hearing but if you have dates you cannot attend, then fill them in below. If you have a representative please also include any unavailability for them.

I will make myself available for the hearing whenever it's scheduled. I have no dates to avoid.





I need to tell the tribunal about dates that I cannot attend a hearing (fill them in below)

Only provide dates between 3 and 8 months in the future.

Mor	nth	S	F	9		
1	B		4	5	6/	7
8	9	10	11	12/	13	1 4
15		18	19⁄	38	Ž 1	22
23	24	25/	45		28	29
30	31/		Y			

Мо	nth					
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Mor	nth					
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Mor	nth					
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Mor	nth					
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Mor	nth					
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Go to section 10 |||

Section 10: Sign and post

The information I have provided in this appeal application is accurate, to the best of my knowledge.

I give the tribunal permission to correspond with my named representative about my appeal (if you gave details of a representative).

Name (in BLOCK CAPITALS)	
The person named on the appeal in section 1	
Signature	
The person named on the appeal in section 1	
	Date (DD/MM/YY)
Representatives should not sign this form unless they this application.	submit 'Authority to Act' on behalf of the appellant with

Where to post your appeal form

You need to send your appeal form and a copy of the Mandatory Reconsideration Notice (MRN) to HM Courts & Tribunals Service.

If you live in England or Wales send your appeal to: If you live in Scotland send your appeal to:

HMCTS Benefit Appeals HMCTS SSCS Appeals Centre

PO Box 12626 PO Box 13150 Harlow Harlow CM20 9QF CM20 9TT

What happens after your appeal has been received

- 1. The Child Maintenance Group will be told that you have appealed their decision.
- 2. The Child Maintenance Group will send the tribunal information in response to your appeal. You and the other person involved in the appeal will also receive a copy.
- 3. The tribunal will book the hearing for your appeal (if you have chosen to attend the hearing).
- 4. The tribunal will make a decision on your child maintenance entitlement.

It is very difficult to say how long it will take to get a decision on your appeal but it may be several months.

Manage your appeal online

You can receive email and text message updates and a link so you can manage your appeal online. Make sure you have given your email or mobile phone number in Section 1

Your personal information

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter To receive a paper copy of this privacy notice, please call 0300 123 1024 Textphone 18001 0300 123 1024. If calling from Scotland, please call 0300 790 6234 Textphone 18001 0300 790 6234.

ou can continue the reasons for your Child Maintenance	appeal here (if you need to)
	(6