Hertfordshire Citizens Advice Bureaux  
Appeals Team

**Referral Form**

In every case, apart from housing benefit appeals, this form must be accompanied by a copy of the client’s Mandatory Reconsideration Notice.

If you have any other relevant documents, these should also be sent. In particular, if you have any medical evidence or have already received a hearing notice and bundle of documents (prepared by the Secretary of State or Local Authority), these documents should be sent.

Please note:

Referrals will only be accepted in relation to the following benefit appeals: Employment and Support Allowance; Disability Living Allowance; Personal Independence Payment; Income Support; Housing Benefit and Tax Credit overpayments; and Job Seekers Allowance (in limited circumstances).

As we only have capacity for a limited number of cases, there is no guarantee that your client’s appeal will be taken on.

Client details

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Address |  |
| Post Code |  |
| PETRA reference (if CAB referring) |  |
| Can we leave the client a voicemail if necessary? |  |

Referring agency

|  |  |
| --- | --- |
| Organisation |  |
| Contact Name |  |
| Telephone |  |
| Email |  |

Summary of case (non-CAB only)

If a CAB is referring we can read the Petra notes. However, if non-CAB referrer, please provide a summary of the client’s case, including the key facts of the case and why you think the client’s decision is wrong.

Client consent

Please tick this box if the client consents to the referral of their case to the Appeals Team   
  
Please send this form to one of the addresses listed below. If you send via email, please password protect with the password HertsAppeals1415.  
Please contact us if you have any questions.

Contact details

Stevenage Citizens Advice Bureau  
Swingate House, Danestrete, Stevenage, Herts, SG1 1AF  
Telephone: 01438 722126  
Email: [appeals@stevenagecab.co.uk](mailto:appeals@stevenagecab.co.uk)