



**Please complete and return this form to the Tribunal**

Please read *Information about Tribunal Hearings* carefully before completing this form. If more space is needed to answer any of the questions, please attach a separate sheet.

MRT case number:

**Who will take part in the Tribunal hearing?**

*Please note that if any review applicant selects 'No' in response to the following question, the Tribunal may make a decision on the application for review made by that person without taking any further action to allow or enable that person to appear before it.*

**Will you take part in the Tribunal hearing scheduled for [date]?**

*(Please indicate 'Yes' or 'No' for each review applicant.)*

**Yes No**

**Will your representative be attending?**

**Yes No**

**For telephone link hearing:**

Telephone number (preferably landline):.....

*(The Tribunal will contact you on this number on the day and time of the hearing)*

Does anyone need an interpreter?

Yes *(Please specify below)*     No

Language: .....

Preference for a male or female interpreter: *(Please specify below)*

No preference                       Male                       Female

Does anyone have any special requirements or preferences? *(e.g. wheelchair access)*

.....  
.....

Contact telephone number: .....

*(This number will be used by the Tribunal if we need to speak to you about arrangements for your hearing.)*

**Please remember to sign and date this form.**

**Witnesses**

You may request that the Tribunal take oral evidence from a person or persons. If you make such a request, the Tribunal will consider your request carefully but may decide that it is not necessary to obtain the evidence.

*Unless you advise the Tribunal otherwise we will assume that you will make arrangements for any witness to be available to give evidence.*

I/we request that the Tribunal take oral evidence from another person.

Yes (*Please specify below*)                       No

**Name of person:** .....

Relationship of this person to you (*e.g. spouse, partner, mother, father, brother, sister, employer, social worker etc.*):.....

Address: .....

Telephone number(s):.....

Does this person need an interpreter?                       Yes  No

Language: .....

Describe this person's evidence and how it is relevant to your case: .....

.....  
.....

**Name of person:** .....

Relationship of this person to you (*e.g. spouse, partner, mother, father, brother, sister, employer, social worker etc.*):.....

Address: .....

Telephone number(s):.....

Does this person need an interpreter?                       Yes  No

Language: .....

Describe this person's evidence and how it is relevant to your case: .....

.....  
.....

**Signed on behalf of, and with the consent of, all applicants**

Name (please print): ..... Date: .....

Signature: .....

Case Team:

Tribunal Officer: