



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.

RRT 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: