

EXAMPLE - DO NOT COMPLETE

**NAME:
ADDRESS**

DOB

DATE OF INCIDENT:

REF NO:

NOTICE OF APPEAL

(AGAINST A DECISION TAKEN UNDER PARAGRAPH 60 OF THE
NORTHERN IRELAND CRIMINAL INJURIES COMPENSATION SCHEME
2002)

SECTION 1

(Please complete in block letters and black ink and return to address below)

1. Full name(s) of applicant
2. Case reference number
3. Address

Postcode
4. Day time telephone number
5. Do you have a Representative Yes No
6. Your Representative's Name
7. Your Representative's Address

Postcode
8. Your Representative's day time telephone number

