



Appeals Form (Third Party Representation)

This form may be completed by a person appointed by an applicant or recipient for financial assistance in the instance where the latter has received a decision regarding a reconsideration from the Department of Financial Assistance (DFA) and he or she is aggrieved by, or dissatisfied with, the decision. This appointed person will handle the appeal on behalf of the aggrieved or dissatisfied person and will handle all communications relating to the appeal. **If an applicant or recipient would like to represent him or herself, he or she must complete the Appeals Form (Self-Representation) instead.**

Appeals must be submitted to the Financial Assistance Appeals Tribunal within 28 working days from the issuance of the reconsideration decision from the Department of Financial Assistance. Late appeals will be refused unless good cause is shown, as determined by the Appeals Tribunal.

If you submit this form physically and run out of space in any field, please continue on a separate sheet of paper and attach it to this form.

Name of appellant

First Name	Middle Name	Last Name
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Physical address of appellant

House#	Street Name
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Apt#	Bldg Name	Neighbourhood
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District of appellant Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Date of birth of appellant

dd/mm/yyyy

Name of representative

First Name	Middle Name	Last Name
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Date of birth of representative

dd/mm/yyyy

Contact number of representative

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Email address of representative

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Organisation of representative

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Representative's connection/relationship with the appellant

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Approximate length of time that the representative and appellant have known each other

Mailing Address of Representative

General delivery for representative (for persons without a P.O. box)

Yes No

Address to which documents should be sent (if different from above)

District of the mailing address to which documents should be sent

- Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

A copy of the representative's ID must be attached; please select the legally recognised ID document that is being provided.

- Driver's License Voter's ID Passport Other _____

Reason the appellant wishes for a representative to handle his or her appeal

- Physical or Mental Incapacity Time Constraints Other _____

Aspects of the decision that the appellant seeks to appeal (check all that apply)

- Amount Revocation
 Conditions attached Suspension
 Duration Variation
 Recovery of money overpaid or improperly paid
 Refusal of an application
 Refusal to reconsider

Date of issuance of the Department's reconsideration decision

Please identify any aspect(s) of the Department of Financial Assistance's policy which the appellant claims were not followed in relation to the decision:

Please provide any additional information the appellant wishes for the Appeals Tribunal to consider in relation to the decision:

If this appeal is being submitted after 28 working days from the issuance of the reconsideration decision, please provide an explanation here (otherwise leave this field blank):

Does the appellant wish to appoint a witness to be heard by the Appeals Tribunal in support of his or her appeal? If YES, please also complete a Witness Appointment Form and attach it with this form. Yes No

Does the appellant have any evidence that he or she would like to submit to the Appeals Tribunal? If so, please specify what it is in the below field and attach it with this form:

Does the appellant intend to be physically present if a hearing is scheduled? Yes No

If the appellant intends to be physically present, does he or she anticipate needing any form of physical or mental support during the hearing?

Yes No / Not Applicable

If the answer to the above question is YES, please specify what form(s) of support the appellant may need (otherwise leave this field blank). Examples of accommodation include regular breaks or having an interpreter present:

To be signed by the representative:

I, _____, confirm that I am able and willing to handle all matters relating to this appeal on behalf of _____.

I, _____, confirm that the information provided above is accurate and truthful to the best of my and the appellant's knowledge.

To be signed by the appellant. If the appellant is physically unable to sign this document, please attach a notice of incapacity or other valid medical documentation as confirmation:

I, _____, confirm that I have applied for a reconsideration regarding the decision I am appealing and that I have received a response from the Director.

I, _____, confirm that I consent for _____ to handle all matters relating to this appeal on my behalf.

I, _____, confirm that the information provided above is accurate and truthful to the best of my and the appellant's knowledge.

Appellant Signature

Date

Representative Signature

Date

Thank you for completing this form. This form can be submitted via email to faatribunal@gov.ky or deposited in the Financial Assistance Appeals Tribunal drop box in the lobby of the Government Administration Building at 133 Elgin Avenue.