**Mandatory Reconsideration Request**

Fill in this form and take or send it to the office that sent you the decision.

1. **About you**

Title Mr/Mrs/Miss/Ms/Other (please state)

Surname

All other names

/ /

Date of birth

National Insurance (NI) number

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Get this from your NI number card, payslips, tax papers or letters from Jobcentre plus.

Postcode

Your present

address

Code Number

Daytime Phone

number

1. **About a child**

If this reconsideration is about a child, please tell us all the details:

Child’s name

/ /

Child’s date of birth

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Child’s (NI) number

(if they have one)

1. **About your representative**

Have you arranged for someone to represent you?

No Yes If Yes, please tell us their name and address

Postcode

Their full name

Their address

Their phone

Code Number

number

Sign this box to give this

person permission to act

for you

1. **About the decision**

Name of the benefit or benefits

Date at the top of the letter about

/ /

the decision

1. **About the reconsideration request**

* Use the space at the end of the form to say why you don’t agree with the decision.
* You must say why you think the decision is wrong. It is not enough to say ‘I don’t agree with this decision’, ‘the money is not enough’, or ‘My GP says I’m unwell’.
* The reason you give should be like these examples:
* ‘I think you have used the wrong figures to work out my mortgage interest. The right figures are...’
* ‘You have paid me from 4 July but I think I should be paid for two weeks before that because...’
* ‘My Disability Living Allowance should be more because I need attention at least eight times a day – not “infrequently” as you have said’.
* If you are disputing more than one decision, you must say why you disagree with each one.

1. **Reasons**

* Use this space to say why you don’t agree with the decision.
* You must say **why** you think the decision is wrong.

Use BLOCK CAPITALS.

* Remember to put your name and National Insurance number on any extra sheets of paper.
* **Make sure you have filled in the other side of this form and signed it.**
* Take or send this form to the office that sent you the decision.

1. **You should sign below**

* Make sure you have told us on the other side of this form why you don’t agree with this decision.
* Take or send this form to the office that sent you the decision.
* It will help if you write ‘mandatory reconsideration request’ on the front of the envelope.
* Remember, your reconsideration request must reach the office within one month of the date at the top of the letter telling you about the decision.

1. **You should sign beloew**

Please sign here

/ /

Date

1. **I am/will not be sending any further evidence (please circle answer)**

* **Note: If you do not have evidence available to send, it can delay the reconsideration.**

1. **PLEASE SEND A COPY OF THE MANDATORY RECONSIDERATION DECISION TO THE REPRESENTATIVE.**