



Office use only:

Case taken on / no capacity / not a test case/ replied with advice

Date:

LO comments:

SMT approval:

Date:

Test Case Referral Form

Adviser's details

Name:	
Advice agency:	
Address:	
Email:	
Telephone:	
Fax:	

Client's details

Name:	
Address:	
Email:	
Mobile:	
Home tel:	
Date of birth:	
NINo:	
Marital status:	
Preferred language:	
Immigration status:	

Is the client currently receiving Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Guarantee Credit?

Type of case

- Appeal in the First-tier Tribunal
- Appeal in the Upper Tribunal
- Potential / ongoing judicial review
- Other (please specify)

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Brief background / description of the case:

Dates of any deadlines or hearings coming up:

Please explain why the case has the potential to be a test case which may benefit families with children living in poverty:

I attach an authorisation form signed by my client

Date:

Please send completed form to testcases@cpag.org.uk

This form is available online at www.cpag.org.uk/test-case-referrals