



Council Tax Reduction Review Panel
Europa Building
450 Argyle Street
Glasgow
G2 8LH

Tel: 0141 302 5840

email: CTRRPAdmin@scotcourtsribunals.gov.uk

Applications For Review To The Council Tax Reduction Review Panel

Regulation 70B of the Council Tax Reduction (State Pension Credit) (Scotland) Regulations 2012 or Regulation 90B of the Council Tax Reduction (Scotland) Regulations 2012

If you have received a final decision letter from your Local Authority about your claim for Council Tax Reduction and think the decision is wrong, you can ask us to pass your case to the Council Tax Reduction Panel.

PLEASE NOTE: The CTRRP **CANNOT** accept appeal requests for Council Tax Benefit, **ONLY** Council Tax Reduction review applications.

About This Form

This form helps you provide all the information the Council Tax Reduction Review Panel requires to register your review. It will also ensure that your review application contains all the necessary details which the regulation requires.

How To Fill In This Form

Please use black ink to fill in this form and use BLOCK CAPITALS unless the form tells you not to.

You must complete Sections 1, 2, 4, 5, and 7

If you are a **representative** completing the application form, you must also **complete Section 3**

If you want to attend a hearing, you must also **complete Section 6**

What To Include In This Form

You **must** include the reasons or grounds of why you wish a review of your Council Tax Reduction. You do not need to include evidence/information you have already sent to your Local Authority as they will send it to us as part of their response.

To make an application, you should complete this form and return it to us at:

CTRRP
Europa Building
450 Argyle Street
Glasgow
G2 8LH

Where to get more information and advice

If you need more information or advice you can:

Visit our website at counciltaxreductionreview.scotland.gov.uk

Phone us on: 0141 302 5840

email us at: CTRRPAdmin@scotcourtsribunals.gov.uk

PLEASE NOTE: The CTRRP **CANNOT** offer legal advice **ONLY** guidance on the review process.

For independent advice you can contact Citizens Advice Scotland on 0808 800 9060.

Now go to Section 1

SECTION 1 – GENERAL DETAILS

Please provide details of your Council Tax.

Local Authority Name

Council Tax Reference Number

Original Council Tax Reduction Decision Date

(DD/MM/YYYY)

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Local Authority Council Tax Reduction Review Decision Date

(Please include copy of the letter with your application)

(DD/MM/YYYY)

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PLEASE NOTE: The application for review to the CTRRP **MUST** be made in writing within 42 days of the decision notification made by the Local Authority.

Local Authority Council Tax Reduction Review Decision Reference Number

Is there currently an outstanding Housing Benefit appeal application?

Yes

No

Property Address

Post Code

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For more information please refer to Section 1 'General details' in the CTRRP guidance booklet.

Now go to Section 2

SECTION 2 – ABOUT YOU

Fill in this section to request a review of your Council Tax Reduction.

Applicant Details

Mr Mrs Miss Ms Other (please specify)

First names(s)

Surname

Correspondence Address

(Only complete if different from Section 1)

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance Number

Letters

Numbers

Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address

Daytime Phone Number

Mobile Phone Number

Now go to Section 3

SECTION 3 – ABOUT YOUR REPRESENTATIVE (IF YOU HAVE ONE)

If you want, you can use the services of a representative (such as a Citizens Advice, a solicitor or a Power of Attorney). Please note that **ALL** hearing papers are disclosed to named representatives.

Is the representative helping you with this application?

Yes If Yes, please tell us about the person below

No If No, please go to Section 4

Mr

Mrs

Miss

Ms

Other (please specify)

First names(s)

Surname

Name of Organisation

Address

Post Code

Phone number

Mobile Phone Number

Email Address

Organisational Reference number (if applicable)

Profession (if applicable)

For more information please refer to Section 3 'About your representative (if you have one)' in the CTRRP guidance booklet.

Now go to Section 4

SECTION 4 – ABOUT YOUR APPLICATION FOR REVIEW

If you want, you can use the services of a representative (such as a Citizens Advice, a solicitor or a Power of Attorney). Please note that **ALL** hearing papers are disclosed to named representatives.

Grounds for review

In this section we need to know why you are applying for a review. Please write down in your own words the reasons why you disagree with your Local Authority's Council Tax Reduction decision. You do not have to use BLOCK CAPITALS in this section if your handwriting is clear. If you do not complete this section this will delay dealing with your review and the application form may be returned to you.

(if necessary, continue on a separate sheet)

For more information please refer to Section 4 'About your application for review' in the CTRRP guidance booklet.

Now go to Section 5

SECTION 5 – ABOUT YOUR CHOICE OF HEARING

Reviews are considered by an independent panel. We will make arrangements for your review to be heard by the panel and you or your representative will be expected to attend the hearing. If, however, you do not wish to attend a hearing you can ask for your review to be decided on the papers. Please tell us below how you would like us to deal with your review.

I personally wish to attend a hearing

If you have ticked this box,
please go to section 6

I do not wish to attend a hearing

If you have ticked this box,
please go to section 7



If you change your mind about this, you must tell us as soon as possible as it may be too late to change this once the hearing has been arranged.

For more information please refer to Parts 5-7 in the CTRRP guidance booklet.

SECTION 6 – ABOUT YOUR CHOICE OF REVIEW DETERMINATION

You only need to answer these questions if you told us in Section 5 that you wanted to attend a hearing. If you have asked for your review to be decided on the papers, please skip this section and go straight to Section 7.

In this section we need to ask you a number of questions to help us arrange a suitable hearing for you. We will try to accommodate your needs and availability, but it may not always be possible to do this. Please answer questions 1 to 3 to give us the information we require. If you do not answer some of the questions we will have to contact you again and this may delay your review. You do not have to answer these questions using BLOCK CAPITALS.

Question 1 – Your availability

Review panel hearings are held Monday to Friday. To allow you to attend your hearing, we will try to arrange a time and date in line with your availability. Please indicate any dates when you cannot attend and any other relevant information. You should consider your availability for the 6 months ahead.

Are you available to attend a hearing at any time?

Yes

No If No, please tell us when you cannot attend in the box below

Please let us know of any specific dates, over the next 6 months, that you **cannot** attend a panel review

We will usually give you at least 14 days' notice of the date of the hearing. If you agree, we **may** give you less than 14 days' notice. This would allow the hearing to be arranged more quickly if, for example, another hearing is cancelled and yours can replace it at short notice.

Do you agree to receiving less than 14 days' notice of a hearing?

Yes

No

Question 2 – Your needs

Please tell us here about any special needs you may have which we need to take into account when arranging your hearing. This might be things such as hearing loops or disability access.

Do you have any special needs?

Yes If Yes, please tell us about this in the box below

No

Question 3 – Your signer or interpreter and language requirements

Do you require an interpreter or signer to assist you at the hearing?

Yes If Yes, please tell us the language or type of sign language interpreter in the box below

No

Language or type of sign language interpreter

We will arrange for a professional interpreter to be present at the hearing.

SECTION 7 – YOUR SIGNATURE

You must sign your review form for it to be valid. If you have named a representative in Section 3, your signature will also give the CTRRP your authority to deal with them when they contact us on your behalf.

Data Protection:

By signing this form, you consent to the personal data collected through this application form being used only for the purposes of allowing the Scottish Government to communicate directly with those involved in the Council Tax Reduction Review Panel process and to aid in assessing the review application (e.g. Her Majesty's Courts and Tribunal Services (HMCTS) and Local Authorities). The data will not be provided to others or used for any other purpose.

Your/representative's signature

Date of Signature (DD/MM/YYYY)

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Name

If you are a representative signing this form on behalf of the person who is requesting the review, you must send their signed authority for you to act on their behalf with this form.

WHAT TO DO NOW

You need to send your review application form to the CTRRP.

Send your review application to:

**CTRRP
Europa Building
450 Argyle Street
Glasgow
G2 8LH**

We will send you a letter to tell you we have received your application and explain what happens next.

CHECKLIST

You may find this checklist useful to help you make sure you have given all the information we need.

I have given grounds for my review (**Section 4**)

I have chosen the type of hearing I want (**Section 5**)

I or my representative have signed my review form (**Section 7**)

I have enclosed a copy of my Local Authority Council Tax Reduction review decision letter (**Section 1**)