tara An Binse um Achomhairc i dtaobh Tearmainn agus Filleadh Tribunal for Asylum and Returns Appeals

Decision to Transfer under AMMR Appeal Form

Applicant Name:
Person ID Number:
Date of Birth:
Type of Appeal:

tara An Binse um Achomhairc i dtaobh Teormainn agus Filleadh Tribunal for Asylum and Returns Appeals

Appeal Form Details

Digital Consent

Digital Consent

I consent to TARA and the Minister for Justice, Home Affairs & Migration (the Minister) emailing official communications in relation to my immigration status in Ireland to my email address that I provided on this appeal application form, including communications relating to notices or documents left on any electronic interface on which I am registered. I understand that these documents will include important notifications and decisions and it is my responsibility to take any required action in response. I understand that these documents may be signed with an electronic signature. I also consent for notifications and decisions taken during my appeal and subsequent processes under the control of the Minister to be provided in electronic form to a legal representative for whom I have, or will, provide consent to act on my behalf, where TARA or the Minister deem it necessary. I understand I am not obliged to receive communications electronically and that I may withdraw my consent at any time by contacting info@asylumappeals.ie or contact@ipo.gov.ie. Please be aware that withdrawing consent may affect our ability to provide you with certain services.

1. Application Category

Type of Appeal

Application Category

2. Appellant Details

Person ID Number

First Name(s)

Surname(s)

Any Other Names Used

Date of Birth

Gender

Nationality

Current Address in Ireland?

Address

County

Eircode / Postcode

Phone Number

Email Address

3. Dependent Appellants

Do you have any dependent appellants?

Dependent Appellants

4. Care Status of Appellant (Unaccompanied Minor)

Care Status

Name of TUSLA Representative

Address of TUSLA Representative

Name of Guardian

Address of Guardian

5. Family Members in the State

Do you have any other family members living in the State?

Family Members in the State

6. Legal Representation

Do you have legal representation?

Legal Representative Name

Legal Representative Address

Legal Representative Email Address

Legal Representative Phone Number

7. Grounds of Appeal

Ground

8. Oral Hearing

Do you wish to have an oral hearing?

Reason for Oral Hearing

Do you require an interpreter?

Language / Dialect for Interpretation

Any Special Requests

9. Request Right to Remain while under Appeal

Do you wish to request the Right to Remain in the State for the duration of the appeal consideration?

Please clearly state your reasons for requesting Right to Remain

10. Appellant Signature

Signature

Date