

Help using this PDF claim form

You can save data typed into this PDF form if you use **Adobe Reader XI or a newer version**. This means that you do not have to fill the form in one session.

This form will only save if:

- the form is saved onto your computer, and
- opened in Adobe Reader XI or a newer version.

The form will not save in:

- older versions of Acrobat Reader
- other pdf readers, for example *Preview* on a Mac or *Foxit* on a PC.

You can download **Adobe Reader** free of charge from the Adobe website.

If you are having technical difficulties:

- downloading the form
- navigating around the form, or
- printing the form

please contact the **DWP Online helpdesk**.

Phone: **0800 169 0154**

Email: **dwponline.helpdesk@dpw.gsi.gov.uk**

Calls to 0345 numbers cost no more than a standard geographic call and count towards any free or inclusive minutes in your landline or mobile phone contract.

Opening hours

Monday to Friday: 8.00am - 6.00pm

Closed on weekends and all Public and Bank Holidays.

For help and advice on the information you need to put on the form or about the benefit you want to claim, contact the office that deals with the benefit.

If you disagree with a decision for:

- Housing Benefit please contact your local authority
- Child Benefit, Guardian's Allowance or Tax Credits please contact Her Majesty's Revenue & Customs

If you disagree with a decision made by the Department for Work and Pensions

About this form

You can use this form to ask for a Mandatory Reconsideration if you don't agree with a decision. This means a decision maker will look at your claim again and see if the decision was right or wrong.

It's important we make the right decision. To help us do that, this form will ask you to:

- tell us the reasons why you think the decision is wrong, and
- give us any new information that we haven't seen already

It is easier to call

You can ask for a Mandatory Reconsideration over the phone. Your claim will be looked at in exactly the same way. It's much quicker and you can explain why you think the decision is wrong over the phone, without needing to fill anything in. The phone number to call is at the top of your decision letter.

If you want to ask for a Mandatory Reconsideration in writing

You can use this form to ask for a Mandatory Reconsideration. There is a booklet to help you fill in this form called CRMR1A. It explains what information you need to include and has examples of the types of information we can consider. You can read it online at

www.gov.uk/mandatory-reconsideration

When you complete the form:

- Please use black ink to fill in the form and write in BLOCK CAPITALS
- You can type your information instead of writing if it is easier for you
- Everyone must complete Parts 1, 4 and 5
- Only complete Part 2 if you are filling in the form for someone else, such as a child or a person you represent

After you fill out the form

- Please print the form and sign it
- Post the form back to the address at the top of your decision letter
- Send any other relevant evidence at the same time
- We will send you a text message or letter to tell you we have received your form
- A different decision maker will look at your claim and any new information you provide. If they can change the decision, they will. It's important you understand that the amount you are awarded could go up, down or stay the same. Your benefit could also be stopped
- When we have made our decision, we will send you a letter called a Mandatory Reconsideration Notice.



Department
for Work &
Pensions

CRMR1 01/18

Part 1: About you - the person we have made the decision about

Please fill in this form with BLACK INK and in CAPITALS.

Title

Surname

First name

Date of birth

National Insurance (NI) number*

You can find this on top of the decision letter, your National Insurance (NI) numbercard, payslips or letters from the Department for Work and Pensions.

** If you are asking for a Mandatory Reconsideration on behalf of a child, please provide their Child Reference Number here.*

Letters Numbers

Letter

Child Reference Number

Which benefit are you asking for a Mandatory Reconsideration of?

Your current address

Postcode

Telephone number

Mobile phone number

We may need to call you for more information. Please tell us when it's best to contact you.

Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm

Part 2: If a representative is completing the form

You only need to fill out this section if you are a representative. Otherwise, please go to Part 3. By representative, we mean someone who isn't the person we have made a decision about. For example, this could be someone's carer, parent, relative, friend, legal Deputy etc.

Name of representative

Relationship to representative

(For example parent, carer, legal Deputy etc.)

Title

Surname

First name

Representative's address

Postcode

Representative's contact number

We may need to call you for more information. Please tell us when it's best to contact you.

Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm

Part 3: About the original decision

Are you asking us to look at your decision again within one month of the date on your decision letter?

Yes

No If No, please tell us why below

(If necessary, use the extra space in Part 6)

Part 4: Why you disagree with the decision

Please explain in your own words why you disagree with the decision. Please be specific and provide as much detail as you can. If you disagree with more than one part of the decision, you must say why you disagree with each part.

Please read the booklet CRMR1A 'How to disagree with a decision made by the Department for Work and Pensions' for examples of information that will help.

What part(s) of your decision do you disagree with and why?

(If necessary, use the extra space in Part 6)

Do you have any new information we haven't seen or heard of?

No

Yes If Yes, please list it below

Please list all the new information you are sending with this form.

We won't be able to refund any costs if you get new evidence.

Please read the booklet CRMR1A 'How to disagree with a decision made by the Department for Work and Pensions' for examples of information that will help.

(If necessary, use the extra space in Part 6)

Have you attached all the evidence listed?

Yes

No If No, please tell us why below

Details of why you haven't attached the additional information. For example, you may have asked for a medical report but it hasn't arrived yet.

(If necessary, use the extra space in Part 6)

Part 5: Check and sign

Check that you or your representative have:

Explained what parts of the decision you disagree with and why

Attached all additional evidence

Signed this form

Please sign below

Signature

Date

Name

If you are signing this form on behalf of someone else

As well as this form, please send signed authority for you to act on the claimant's behalf. You don't need to do this if you are:

- already registered as the claimant's appointee or Deputy with DWP, or
- the claimant's parents or legal guardian

Part 6: Further information

Please use this space to tell us anything else you think we might need to know. If there is not enough space, please use a separate sheet of paper.