|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THE IMMIGRATION ACTS** | | | | Application to be released on First-tier Tribunal bail | | | |  | **Form B1** |
|  | | | | | | | | | |
| Section 1 | |  | | Personal Information of the Applicant | | | | | |
|  | | |  | | | | | | |
| **A** | Home Office reference number |  | |  | | | | | |
| **B** | NOMS (HMPPS) number (if applicable) |  | |  | | | | | |
| **C** | Your surname or family name. Please use CAPITAL LETTERS |  | |  | | | | | |
| **D** | Your other names |  | |  | | | | | |
| **E** | Name and address of the place where you are detained |  | | Name: | | | | | |
|  | |  | | Address: | | | | | |
|  |  |
|  | | Postcode | |  | | | |
| **F** | Your date of birth |  | | (day) / (month) / (year) | | | | | |
| **G** | Are you male or female? | Male Female | | | | | |
| **H** | What is your Nationality? |  | |  | | | | | |
| **I** | Date of your arrival in the United Kingdom |  | | (day) / (month) / (year) | | | | | |
| **J** | Do you have a representative? |  | | No Yes If yes, your representative should complete  the rest of the form | | | | | |
|  | | | | | | | | | |
| Section 2 | |  | | About your application | | | | | |
|  | |  |  |  | | | | | |
| **A** | Do you have an appeal hearing pending in the First-tier Tribunal (IAC)? |  | | No Yes What is the appeal number, if you know it? | | |  | | |
| **B** | Have you made an application for immigration bail before? |  | | No Yes What is the bail number, if you know it? | | |  | | |
|  | If yes, have you been refused immigration bail at a hearing within the last 28 days? |  | | No Yes | If yes, what was the date of that hearing? | | / / | | |
| **C** | The address where you plan to live, if your bail application is granted. |  | | Number/Street | | | | | |
|  |  |  |  | Town |  | | | | |
|  | | Postcode | |  | | | |

**B1** (12.17)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 3 | | |  | Your Financial Condition Commitment | |
| The Judge may consider that a Financial Condition should be added to ensure that you honour the conditions of bail if granted. Please indicate how much you agree to be bound to pay if you breach any of the other conditions of bail. | | | | | |
| **A** | **Financial Condition** | |  | I agree to be bound to a Financial Condition No Yes | |
| **B** | Amount of Financial Condition (if any) | |  | £ | |
|  | | | | | |
| Section 4 | | |  | People Supporting the Financial Condition (if any) | |
| If a Judge decides that a Financial Condition should be added you can ask someone you know to help you meet that condition | | | | | |
|  | | | | Supporter 1 | Supporter 2 |
| **A** | Surname or family name. Please use CAPITAL LETTERS. | |  |  |  |
| **B** | Other names | |  |  |  |
| **C** | Address | |  |  |  |
|  | | |  |
|  |
|  | Postcode | Postcode |
| **D** | Email address | |  |  | |
| **E** | Telephone number | |  |  |  |
| **F** | Relationship to the Applicant | |  |  |  |
| **G** | Immigration Status | |  |  |  |
| **H** | Occupation | |  |  |  |
| **I** | Financial Condition Amount | |  | **£** | **£** |
| **J** | Date of birth | |  |  |  |
| **K** | Nationality held | |  |  |  |
| **L** | Current valid Passport number | |  |  |  |
| **Notice to the Applicant** | | Please make sure that you and your Financial Condition Supporters bring your passports and bank statements to the bail hearing if any of you are offering any money to support a financial condition on this application for bail. | | | |

|  |  |  |
| --- | --- | --- |
| Section 5 |  | The grounds on which you are applying for bail |
|  |  |  |
|  |  | * In this section you should set out all the reasons why you think you should be released.  If you have had a previous application for bail refused, you must give full details of any additional grounds or change in circumstances since then.  * **If that refusal was within the last 28 days, the application you are now making will be dismissed without an oral hearing unless you can show that there has been a material change of circumstances.** * Give as much detail as possible: use additional sheets of paper if you need to, and attach them to this form. |
|  | | |
| If the Tribunal grants bail it may Direct that future management of bail should be transferred to the Home Office. Where the Tribunal makes that Direction, all future proceedings will be conducted by the Home Office (including any hearing to determine liability for payment of a financial condition). | | |
| **Do you consent to future management of bail being Transferred to the Home Office?**  No Yes  **If *No* please briefly explain why here?** | | |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 6 | |  | At the hearing of your application | | | |
|  | | | | | | |
| **A** | Will you need an interpreter? |  | No Yes | If yes, give details below | | |
|  | |  | Language(s): | Dialect (if required): | | |
| **B** | Will your Financial Condition Supporter(s) need an interpreter? |  | No Yes | If yes, give details below | | |
|  | Language(s): | Dialect (if required): | | |
| **C** | If you, your legal representative or your financial condition supporter(s) have a disability, please explain any special arrangements needed for the hearing. |  |  | | | |
| **D** | The hearing of this bail application may be by a video link. If it is you will remain at the detention centre. Where there are exceptional circumstances and it is considered that you are unable to use the video link, please give reasons and a Judge will decide whether the application will be heard in person or by video link.  *You will be informed of this decision when the case is listed.* |  |  | | | |
|  | | | | | | |
| Section 7 | |  | Representation | | | |
|  | | | | | | |
|  | | | If you have a representative, he or she must complete this section. | | | |
|  | | | | | | |
| **A** | **Declaration by the Representative** |  | I, the representative, am making this application in accordance with the Applicant’s instructions. | | | |
|  | Representative’s signature and date. |  |  | | / / | |
|  |  | |
| **B** | Name of the representative. Please use CAPITAL LETTERS. |  |  | | | |
| **C** | Name of the representative’s organisation. |  |  | | | |
| **D** | Postal address of the organisation. |  | Number/Street | | | |
|  | |  |  | | | |
|  |  | | | |
|  | Town | | | |
|  | Postcode | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E** | Reference for correspondence | |  |  | | | |
| **F** | Telephone number | |  |  | | | |
| **G** | Mobile number | |  |  | | | |
| **H** | Fax number | |  |  | | | |
| **I** | Email address | |  |  | | | |
| **J** | CJSM email address (if you have one) | |  |  | Do you agree to receive correspondence by CJSM email? No Yes | | |
| **K** | Are you an office regulated by the Office of the Immigration Services Commissioner (OISC)? | |  | No Please provide OISC  Yes reference: | | |  |
| **L** | Has the Applicant been granted publicly funded legal representation? | |  | No Please provide the LSC reference if  Yes applicable: | | |  |
| **Notice to representatives** | | You must notify the Tribunal Hearing Centre at which the bail application is made, and other parties, if you cease to represent the Applicant. If the Applicant changes representative, details of the new representative should be sent to the same address to which you are sending this form. Please give the **Applicant’s full name, address,** and **Home Office reference number.** | | | | | |
|  | | | | | | | |
| Section 8 | | |  | Statement of Truth | | | |
|  | | | | | | | |
|  | | | | If you have completed this form yourself, you must complete the declaration. | | | |
|  | | | | | | | |
| **A** | **Your Declaration** | |  | I believe that the facts stated in this application are true. | | | |
|  | Your signature and date. | |  |  | | / / | |
|  |  | |
| **B** | .  Please print your full name in CAPITAL LETTERS. | |  |  | | | |
|  | | | | | | | |
| Section 9 | | |  | When you have completed the form | | | |
|  | | | | | | | |
| What you should to do next. | | |  | * Keep a copy of this form for your own use. * Send the original form to the appropriate Tribunal Hearing Centre. This is normally the closest to your place of detention but you can find the appropriate First-tier Tribunal (Immigration and Asylum) hearing centre by asking staff at your place of detention or at the link below:   <https://courttribunalfinder.service.gov.uk/search/> | | | |
|  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Data Protection statement |  | Any information provided in this form (including personal details) will not be used by the First-tier Tribunal for purposes other than the determination of your application.  The information may be disclosed to other government departments and public authorities only for related immigration or asylum purposes. |