

# Information for Deportation Appeal (Cancelled Refugee and/or Protection Status) (form attached)



Immigration and Protection Tribunal | Rōpū Take Manene, Take Whakamaru

Immigration Act 2009

## When to use this form

Use this Notice of Appeal form if you are not a New Zealand citizen and have received a Deportation Liability Notice (DLN) after your refugee and/or protection status was cancelled and you would like to appeal to the Immigration and Protection Tribunal (the Tribunal) against your liability for deportation.

Please note: If you are a New Zealand citizen and want to appeal against a Refugee and Protection Officer's decision to cancel your recognition as a refugee and/or protected person you must complete *Form 2: Notice of Appeal – Refugee and Protection Status Appeal* available at [www.justice.govt.nz/tribunals/immigration/immigration-and-protection](http://www.justice.govt.nz/tribunals/immigration/immigration-and-protection) or by contacting the Tribunal.

## What you need with your application

To complete your application, you need to send:

- A fully completed form AND
- The fee for filing this Notice of Appeal (\$700)

You should also send if you can:

- A copy of your DLN and the decision cancelling your refugee and/or protection status.
- Any relevant information you want the Tribunal to take into account when considering your appeal.

All documents must be in English or with a certified translation in English. The original plus one copy of all documents need to be provided.

## Completing this form

- Complete this form in English.
- You can fill in this form electronically. If you do this, you must also print, sign and submit it to the Tribunal.
- You can also print and fill in this form by hand. If filling out by hand, please print carefully.
- If you are a minor appellant (under 18 years of age and not married or in a civil union), a responsible adult must sign on your behalf. If you do not have a parent present to act as responsible adult, tick the relevant box in step 8 of this form and the Tribunal will nominate a responsible adult to act for you.

Please read *Guide 4 – A guide to lodging a deportation appeal (cancelled refugee and/or protection status)* before you start completing this form. The guide will help you assess whether you are entitled to an appeal and will provide information on how to lodge an appeal.

## Payment information

The filing fee for this Notice of Appeal is \$700.

To confirm how you pay the appeal fee, please visit the Ministry of Justice website:

[www.justice.govt.nz/tribunals/immigration/immigration-and-protection/make-an-appeal/forms-and-fees/](http://www.justice.govt.nz/tribunals/immigration/immigration-and-protection/make-an-appeal/forms-and-fees/)

If you need further assistance, please contact the Tribunal on:

Ph: 64 9 914 4299

Email: [IPT@justice.govt.nz](mailto:IPT@justice.govt.nz)

**Appeal fees are non-refundable.**

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## Application process

You must lodge this Notice of Appeal form together with your lodgement fee and all relevant documents by email, in person, by courier or by post to the Tribunal at the address at the end of this form. The Tribunal must receive it within the time limit.

If you send a copy of this Notice of Appeal with your proof of payment by email, the Tribunal will accept it on that date but you still need to deliver or post the original of this Notice of Appeal and supporting documents to the Tribunal.

After you have lodged your appeal, the Tribunal will write to let you know that your appeal has been received.

A copy of your appeal will be sent to Immigration New Zealand who will provide any information and/or relevant parts of your immigration file to the Tribunal.

If you change your representative, or your (or your representative's) contact details change, you must notify the Tribunal immediately.

## Important Information

It is an offence under the Immigration Act 2009 to make any statement, provide information, evidence or submissions knowing that they are false or misleading in any material aspect in any appeal or matter in the nature of an appeal to the Tribunal.

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## Terms used in this form

The following contains a list of terms that are used in this application form. The definitions are provided as a guide only and should not be taken as legal advice.

Appellant	An appellant is the person who appeals a decision.
Certified Copy	A true copy, approved by someone legally allowed to approve it. If you are in New Zealand, certified copies must be approved by a lawyer, notary public, Justice of the Peace or court official.
Certified Translation	A written translation from one language into English that has been officially certified by a translation agency. A translation by a friend or family member will not be normally accepted.
Decision	The letter from the Refugee Status Branch telling you that your refugee and/or protection status has been cancelled.
Dependent child	A dependent child means a child under 18 years of age who is not married or in a civil union and who is dependent on you (the principal appellant), whether or not the child is your child.
Minor Appellant	A minor appellant is an appellant who is under 18 years of age and not married or in a civil union.
Representative	A representative must be a lawyer, a licensed immigration adviser, or a licence-exempt person. For the full list, see <i>Guide 4 – A guide to lodging a deportation appeal (cancelled refugee and/or protection status)</i> .
Responsible Adult	This is either the minor appellant's parent or a person nominated by the Tribunal.



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## Do a quick check

### Before sending in the form – check:

- You have answered all the relevant steps in English

If you can, you should also provide:

-  A copy of your Deportation Liability Notice and the decision cancelling your refugee and/or protected status.
-  Any relevant information you want the Tribunal to take into account when considering your appeal (in English or with a certified translation). The original plus one copy of all documents should be provided.
- Each person liable for deportation, including dependent children, has completed a separate appeal form.
- You and your representative (if you have one) have signed this form.
- You have paid the fee. This fee is non-refundable.

If you need help filling in this form, please call (64 9) 914 4299, email [ipt@justice.govt.nz](mailto:ipt@justice.govt.nz), or visit [www.justice.govt.nz/tribunals/immigration/immigration-and-protection/](http://www.justice.govt.nz/tribunals/immigration/immigration-and-protection/).

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## Send in the form

You can post the form to:

Immigration and Protection Tribunal  
DX EX 11086  
Auckland  
New Zealand

or post, courier, or deliver the form to:

Immigration and Protection Tribunal  
Level 1  
41 Federal Street  
Auckland 1010

Phone: 64 9 914 4299

Email: [ipt@justice.govt.nz](mailto:ipt@justice.govt.nz)

Website: <https://www.justice.govt.nz/tribunals/immigration/immigration-and-protection/>

If you email your form, please remember that you still need to deliver or post the original appeal form and your supporting documents to the Tribunal. The form and the fee must reach the Tribunal in time. If it does not, the Tribunal will not be able to extend time.

# DEPORTATION APPEAL (CANCELLED REFUGEE AND/OR PROTECTION STATUS)

## NOTICE OF APPEAL

Immigration and Protection Tribunal | Rōpū Take Manene, Take Whakamaru

Immigration Act 2009

FORM 4

TRIB No.: \_\_\_\_\_

### Step 1. Your details

What is your full name? (As shown on your passport)

**Full name** Family Name/Surname First Name Middle Name

**Title**  Mr  Mrs  Ms  Miss  Dr  Other (specify) \_\_\_\_\_

Are you known by, or have you ever been known by another name? (Please tick to confirm)

Yes  No

If yes, please supply the additional names. If no, leave this blank and move on to the next question.

**Other names** Family Name/Surname First Name Middle Name

Family Name/Surname First Name Middle Name

What is your gender? (Please tick to confirm)

Male  Female  Prefer not to disclose

Other Please tell us your gender identity \_\_\_\_\_

When were you born?

Date (day/month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What country were you born in?

Country of birth \_\_\_\_\_

What countries are you a citizen of?

List all countries \_\_\_\_\_

Provide the following details from your passport or travel document:

If you hold any other valid passports or documents also add those details here

Passport or reference number	Expiry date (day/month/year)	Country of issue
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

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## Step 2. Your contact details

**What is your current residential address in New Zealand? (This must be a physical New Zealand address)**

*You must notify the Tribunal immediately if you change your address.*

<b>Address</b>	No.	Street	Suburb
	Town/City		Post Code

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**What are your contact details?**

**Daytime contact number** \_\_\_\_\_

**Mobile phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_ *Email address*

**Where do you want us to send all documents and official notices relating to this appeal? (This must be a physical New Zealand address.)**

- to your representative (details to be provided in Step 6) *Move on to Step 3 and continue*
- to you, at the address or email address listed above
- to you, at the following address (*if you are a minor appellant and have a responsible adult, this will be the responsible adult's address for communication*):

<b>Address</b>	No.	Street	Suburb
	Town/City		Post Code

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**Responsible adult's email address** \_\_\_\_\_

*You must notify the Tribunal immediately if you change your address.*

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## Step 3. Your spouse/partner and children

A separate Notice of Appeal Form must be completed by each person included in this step accompanied by a separate fee, if relevant.

**What is your current relationship status? (Please tick to confirm, you may tick more than one)**

- Never Married       Married       Engaged       Separated  
 Widowed       Civil Union       Partnership / Defacto       Divorced

**What is your spouse/partner's full name and address? (if applicable)**

**Full name** Family Name/Surname      First Name      Middle Name  
\_\_\_\_\_

**Address** No.      Street      Suburb  
\_\_\_\_\_  
Town/City      Post Code  
\_\_\_\_\_  
Country if not New Zealand  
\_\_\_\_\_

**If your spouse/partner is in New Zealand, tick the immigration status which applies to them:**

**(Please tick to confirm)**

- New Zealand citizen  
 New Zealand resident or permanent resident  
 Other: Please specify \_\_\_\_\_

**Please list all your children and provide their details.**

You must give full details of all your children, adult and minor, whether they were born in New Zealand or another country and whether they are alive or deceased. You must include any children adopted either into your family or out of your family.

**Full name** Family Name/Surname      First Name      Middle Name  
\_\_\_\_\_

**Date of birth (day/month/year)**      /      /      **(Please tick to confirm)**  Alive       Deceased  
\_\_\_\_\_

**Gender (Please tick to confirm)**       Male       Female       Other       Prefer not to disclose

**Relationship** \_\_\_\_\_  
*(eg. child by birth, legal adoption, informal adoption, legal guardianship)*

**Immigration status if in New Zealand** \_\_\_\_\_

**Country of residence** \_\_\_\_\_      **Country of citizenship** \_\_\_\_\_

Full name Family Name/Surname First Name Middle Name

Date of birth (day/month/year) / / (Please tick to confirm)  Alive  Deceased

Gender (Please tick to confirm)  Male  Female  Other  Prefer not to disclose

Relationship  
(eg, child by birth, legal adoption, informal adoption, legal guardianship)

Immigration status if in New Zealand  
Country of residence Country of citizenship

Full name Family Name/Surname First Name Middle Name

Date of birth (day/month/year) / / (Please tick to confirm)  Alive  Deceased

Gender (Please tick to confirm)  Male  Female  Other  Prefer not to disclose

Relationship  
(eg, child by birth, legal adoption, informal adoption, legal guardianship)

Immigration status if in New Zealand  
Country of residence Country of citizenship

Full name Family Name/Surname First Name Middle Name

Date of birth (day/month/year) / / (Please tick to confirm)  Alive  Deceased

Gender (Please tick to confirm)  Male  Female  Other  Prefer not to disclose

Relationship  
(eg, child by birth, legal adoption, informal adoption, legal guardianship)

Immigration status if in New Zealand  
Country of residence Country of citizenship





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## Step 5. Do you need an interpreter

Do you require an interpreter if a hearing takes place? (Please tick to confirm)

Yes. Please complete next question on language and dialect.

No. Go to Step 6.

What language and dialect (if applicable) do you prefer to speak?

Language \_\_\_\_\_

Dialect \_\_\_\_\_

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## Step 6. Your representative's details

If you do not have a representative, you do not need to complete this step. Go to Step 7.

Only a lawyer, licensed immigration adviser, or a licence-exempt person can act as a representative. Overseas advisers must also be registered with the Immigration Advisers Authority.

What is your representative's name?

Full name

Family Name/Surname

First Name

Middle Name

Title

Mr

Mrs

Ms

Miss

Dr

Other (specify) \_\_\_\_\_

Organisation name (if applicable) \_\_\_\_\_

What is your representative's physical address? (This must be a physical address)

Notices, documents, and information relating to this appeal may be sent to this address.

Address

No.

Street

Suburb

City

State (if outside NZ)

Country

Post code

What is your representative's postal address?

Delivery service type \_\_\_\_\_

PO Box/DX number \_\_\_\_\_

Locality \_\_\_\_\_

Town / City \_\_\_\_\_

Post Code \_\_\_\_\_

What are your representative's contact details?

Please include country code for phone number outside New Zealand.

Daytime contact number \_\_\_\_\_

Other contact number \_\_\_\_\_

Email address

Email address \_\_\_\_\_

Declaration

I (the representative) accept the authority to act on behalf of the appellant.

I will accept service of notices, communications, and other documents on his/her behalf.

I am a: (Please tick to confirm)

Lawyer

Licensed Immigration Adviser

Licence Number \_\_\_\_\_

- Licence-exempt person. Please tick your ground for exemption:
- Person providing immigration advice in an informal or family context only
  - Current member of Parliament or one of their staff
  - Public service employee providing immigration advice within the scope of their employment agreement
  - Staff of a community law centre or citizens advice bureau

**Representative's signature**

**Signature** \_\_\_\_\_ **Date (day/month/year)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Step 7. Consent to Ministry of Justice and/or New Zealand Police check

*This authorisation MUST be signed by you and every person included in the appeal aged 17 years or older.*

1. I authorise the Tribunal to seek information from the Ministry of Justice and/or the New Zealand Police about my criminal record and/or any complaints, charges or investigations. I authorise the Ministry of Justice and/or the New Zealand Police to provide this information to the Tribunal.
2. Any information provided to the Tribunal by the Ministry of Justice and/or the New Zealand Police may, for purposes of this appeal, also be provided by the Tribunal to Immigration New Zealand and the Minister of Immigration.

**Signature of appellant** \_\_\_\_\_ **Date (day/month/year)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of spouse/partner** \_\_\_\_\_ **Date (day/month/year)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name & signature of dependent child 1**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Signature \_\_\_\_\_ Day / \_\_\_\_\_ / \_\_\_\_\_ Month / \_\_\_\_\_ Year

**Name & signature of dependent child 2**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Signature \_\_\_\_\_ Day / \_\_\_\_\_ / \_\_\_\_\_ Month / \_\_\_\_\_ Year

**Name & signature of dependent child 3**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Signature \_\_\_\_\_ Day / \_\_\_\_\_ / \_\_\_\_\_ Month / \_\_\_\_\_ Year

*Continue on a separate sheet of paper if necessary and attach it to this form.*

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## Step 8. Sign and date this form

### DECLARATION

*This declaration MUST be signed by all appellants aged 18 years or older.*

Knowing that it is an offence under the Immigration Act 2009 to make a declaration that is false, I declare that the answers in the form are true and correct. I authorise my representative to act on my behalf in all matters with the Tribunal and receive all correspondence and documents relating to my appeal.

**Signature of appellant** \_\_\_\_\_ **Date (day/month/year)** \_\_\_\_/\_\_\_\_/\_\_\_\_

*If you are a minor appellant, 17 years of age or younger, a responsible adult must sign this declaration for you.*

#### Responsible adult's name & signature

**Full Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date (day/month/year)** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Relationship to appellant** \_\_\_\_\_

If you are a minor appellant and require a responsible adult to be nominated for you by the Immigration and Protection Tribunal, tick the box below:

I require a responsible adult to be nominated by the Tribunal.