

WITHOUT PREJUDICE  
Overturned Convictions  
Referral Application to Independent Pecuniary Compensation Assessment Panel

# **Overturned Convictions**

## **Referral Application to Independent Pecuniary Compensation Assessment Panel**

**Guidance for completion of the application form – please read this information carefully before completing the form**

Please only complete one application form. This will assist the Independent Pecuniary Compensation Assessment Panel ('the Panel') in reviewing your claim, or for legally represented individuals, your client's claim. If you are not legally represented, Post Office Limited ('Post Office') urge you to seek independent legal advice, the reasonable costs of which will be met by Post Office.

The Principles underlying offers of Pecuniary Compensation ('the Principles'), the Pecuniary Compensation Assessment Process ('the Process') and the Terms of Reference for the Independent Pecuniary Compensation Assessment Panel ('the Terms of Reference') govern referrals. If copies of these documents are required, please contact Post Office's legal representatives.

If the application relates to multiple heads of loss, these should be included in the same form. A separate document may be appended to this form for submission of relevant supporting material and information, to assist the Panel in properly considering the application. Failing to provide such information with the application may result in unnecessary delays. You may be contacted if any additional information is required by the Panel to progress the application.

Applications and other communications should be sent to the clerk to Sir Gary Hickinbottom, Chair of the Panel, by email to POPanelEnquiries GRO

If you are not legally represented, and you do not have an email address yourself, then a family member or friend is welcome to email on your behalf. In order to minimise any potential delays with processing applications, sending the application by email is preferred. However, if email is not possible then the application may alternatively be sent by post to the clerk to Sir Gary Hickinbottom: Chris Jones, 39 Essex Chambers, 81 Chancery Lane, London WC2A 1DD.

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In order to be eligible to refer a pecuniary claim or a specific disputed head/s of loss to the Panel you, or your client, must meet the criteria set out below:

*Tick as appropriate*

- ☐ **You, or your client, must have lodged a claim for pecuniary damages with Post Office or its legal representatives.**
- 
- ☐ **You, or your client, confirms the Terms of Reference have been read.**
- 
- ☐ **You, or your client, confirms that you have read and agree to follow the Pecuniary Compensation Assessment Process.**
- 
- ☐ **Prior to any referral to the Panel, you/your client will have received an offer in settlement of your claim/your client's claim** and specifically, the particular head or heads of loss where it has not been possible to reach agreement between the parties. Please confirm you, or your client, has received an offer for the head(s) of loss referred for determination.
- 
- ☐ **A referral will not be accepted by the Panel where there is a pending Request for Information.** This is because the Panel will need to consider all relevant information to determine an issue in dispute and cannot do this if information is considered outstanding. Please confirm you, or your client, has no pending Request for Information.
- 

Claimant's details		
1	Full name	
2	Previous name(s) (if any)	
3	Date of birth	
4	Postal address	
5	Email address	
6	Contact telephone number	

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<b>7</b>	<b>Preferred method of communication about your application (if not legally represented)</b> We advise using email wherever possible to minimise any potential delays.	<input type="checkbox"/> Email  <input type="checkbox"/> Post									
<b>Claimant's representative's details</b> (if applicable - to be used for communications regarding the application where legally represented)											
<b>8</b>	<b>Name of legal representative (firm name and main contact name)</b>										
<b>9</b>	<b>Address</b>										
<b>10</b>	<b>Phone number</b>										
<b>11</b>	<b>Email address</b>										
<b>Claim / Referral Details</b> <i>Please provide as much detail as you can about your, or your client's claim, and the basis for referral</i>											
<b>12</b>	<b>Which Principle(s) does the application relate to?</b>										
	<input type="checkbox"/> 2. Prosecution shortfalls <input type="checkbox"/> 3. Pre-Prosecution Shortfalls <input type="checkbox"/> 4. Loss of Earnings/ Stigma Damages <input type="checkbox"/> 5. Loss of Capital Value of a Retail Business <input type="checkbox"/> 6. Loss of Asset: Residential Home <input type="checkbox"/> 7. Loss of Asset: Personal Property and Other Residential Property <input type="checkbox"/> 8. Loss of Opportunity <input type="checkbox"/> 9. Claims in Respect of Pensions <input type="checkbox"/> 10. Insolvency related losses <input type="checkbox"/> 11. Out of Pocket Expenses <input type="checkbox"/> 12. Loss of Rental Profits <input type="checkbox"/> 13. Cost of Debt Financing / Financing Related Penalties <input type="checkbox"/> 14. Loss related to Royal Mail ColleagueShare Plan <input type="checkbox"/> 15. Special Damages-Personal Injury <input type="checkbox"/> 16. Other (please state)										
<b>13</b>	<b>What is the current position in relation to the disputed Head of Loss? Please provide details pertaining to the current position for each head of loss claimed here.</b>										
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 45%;">Disputed Head of Loss</th> <th style="width: 50%;">Current Position</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		#	Disputed Head of Loss	Current Position						
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14	<p><b>Please set out the brief details of your or your client's application, and include the following information:</b></p> <ul style="list-style-type: none"><li>▪ Submissions detailing the basis of the claim;</li><li>▪ What remedy is being sought; and</li><li>▪ Reasons why the compensation being sought is appropriate.</li></ul>
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<b>Other information related to your, or your client's application</b>					
15	<table border="1"><tr><td><input type="checkbox"/></td><td>Please confirm all relevant interparty correspondence (including all offers relating to the disputed head of loss) has been attached.</td></tr><tr><td><input type="checkbox"/></td><td>Please confirm all documents / materials to support the application to the Panel have been attached.</td></tr></table>	<input type="checkbox"/>	Please confirm all relevant interparty correspondence (including all offers relating to the disputed head of loss) has been attached.	<input type="checkbox"/>	Please confirm all documents / materials to support the application to the Panel have been attached.
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	<p><b>What documents/material supports the application to the Panel? Please list out the documents/evidence in the table below.</b></p> <p>Please note that documents/evidence should be provided electronically (scanned or photographed), or in hard copy via post, at the same time the application is submitted. This will allow the application to be investigated and considered more efficiently.</p> <p>Please also note that in order for the application to be forwarded to the Panel, supporting documents and all interparty correspondence relating to the disputed Heads of loss <b>must</b> be attached.</p> <p>The relevant documents attached will be dependent on the basis of the claim/ the Principle to which the claim relates. Please refer to the Principle relevant to the application to see the evidence/documents that may assist with the claim (noting that this is not an exhaustive list). Any document which may be considered to aid the application may be attached.</p> <table border="1"><thead><tr><th>#</th><th>Description</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>	#	Description														
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16	<p><b>Is there any further information which the Panel should consider when assessing the application? Please use an additional sheet if necessary.</b></p>																

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### Signature of Claimant

By signing this document, I confirm that:

- 1) All the information provided in this application form is true and correct to the best of my knowledge and belief; and
- 2) I have read and understood the eligibility criteria for the Pecuniary Compensation Assessment Process and believe I am eligible.

As we are advising applicants to submit this form by email rather than post, if you are unable to print and scan this form, we will accept an electronic signature. Please tick this box to indicate you have submitted an electronic signature and type your name in the box below.

Claimant Signature

Date

☐ I am submitting an electronic signature

Claimant Name