

## APPEAL FORM

Applicant's Personal ID number / DNK number	
Applicant's name (person whom the decision relates to)	
Applicant's address (in Denmark or country of current residence)	
Applicant's CPR number	
Applicant's telephone number	
Case order ID (ex. FJ-1954-JU) (will be created on nyidanmark.dk prior to payment of the appeal fee)	
Reg. + account number (in case of refund of the appeal fee)	
The name of the authority, which has taken the decision being appealed (the Danish Immigration Service, SIRI, Home Return Agency or the police).	
Date of the decision from (the Danish Immigration Service, SIRI, Home Return Agency or the police).	
Case number from (the Danish Immigration Service, SIRI, the Danish Return Agency or the police).	
Description of the reason(s) why you want to appeal	

--

Should you wish to have a representative other than a lawyer, you must fill out a Power of Attorney. Please find the form on [udln.dk/da/Fuldmagt](http://udln.dk/da/Fuldmagt).  
However, this does not apply to spouses and parents of minor children.

Attached documents:	
---------------------	--