



# POLITIET

## Appeal form

Submit completed form to: Politiets enhet for vandelskontroll og politiattester, Postboks 113, 9951 Vardø.

### 1. Information about the complainant

|                                      |  |
|--------------------------------------|--|
| 1.1. Full name (in capital letters): | 1.2. Personal identification number/organization number: |
| 1.3. Postal address:                 |  |
| 1.4. Postal number and city/town:    | 1.5. Country:  |
| 1.6. E-mail address:                 | 1.7. Telephone number:                                   |

### 2. Case/Police Certificate reference number

Or other information identifying the decision/Police Certificate of Conduct being appealed:

### 3. Grounds for appeal

Please explain the reasons for the appeal/why you believe the decision/Police Certificate of Conduct you have received is incorrect:

*Or attach a document where you explain why you believe the decision you have received is incorrect*

### 4. Desired outcome of the appeal

Please state which changes you want in the appealed decision/in your Police Certificate of Conduct:

### 5. Information about the person writing the appeal

5.1. Check the applicable alternative

Complainant     Attorney     Guardian/parent     Other: \_\_\_\_\_

### 6. Signature

|                      |  |
|----------------------|--|
| 6.1. Place and date: | 6.2. The signature of the complainant/attorney/guardian:<br><i>The signature must be hand written.</i> |
|----------------------|--|

# Guidelines for filling in the appel form

## 1. Information about the complainant

### 1.1. and 1.2. Full name and personal identification number/organization number

State the full name of the person/legal entity and personal identification number/date of birth/organization number of the person/legal entity appealing the decision.

### 1.3., 1.4. and 1.5. Postal address, postal code city/town and country

State the full postal address, postal code, city/town and country of to the person/legal entity appealing the decision.

### 1.6. E-mail

State the full e-mail address to the person/legal entity appealing the decision.

### 1.7. Telephone number

State the telephone number belonging to the person/legal entity appealing the decision, including country code.

## 2. Information about the decision being appealed

### 2.1. Case reference number and date

Enter the case reference number and date of the decision being appealed, or other information identifying the decision being appealed.

## 3. Grounds for appeal

### 3.1. Why is the decision being appealed

Explain in your own words the reasons why you are appealing the decision/why you believe the decision received is incorrect.

## 4. Desired outcome of appeal

### 4.1. Which changes you want in the appealed decision

Explain in your own words which changes you want to be made in the decision being appealed, e.g. that the police certificate be issued without a specific remark.

## 5. Information about the person writing the appeal

### 5.1. Check the applicable alternative

Check applicable alternative regarding who has written the appeal. If the person writing the appeal is not the applicant/complainant himself/herself, we require that the attorney/guardian/parent or family/friend have been given power-of-attorney or authorization by the complainant.

## 6. Signature

### 6.1. Place and date

State the date and place of appeal.

### 6.2. Signature

The appeal must be signed by the complainant or the person that had been given authorization by the complainant. If the complainant is under the age of 18 the appeal must be signed by the complainant's guardian. The signature must be original and handwritten on the form. We do not accept a signature written on a computer or otherwise, nor a picture of a signature.