

Local Authority Information Exchange Form



Department
for Work &
Pensions

Note: This form is only to be completed for Housing Benefit or Council Tax Benefit cases.

Note: DWP Officers dealing with Low Level Fraud are required to populate parts 1, 2, 10 and 11 only.

PART 1 - Referral Details (Referral is solely for information if Part 1 alone has been completed)

1.1	<input type="checkbox"/> Accepted for FES investigation <input type="checkbox"/> Rejected for FES investigation investigation (Tick as appropriate)		
Reason for Rejection:			
1.2	<input type="checkbox"/> Criminal Investigation / <input type="checkbox"/> Low Level fraud (Tick as appropriate)		
Officer name:		Location:	
Telephone:		Email:	
1.3	Subject Details		
Claimant name		NINo:	
Date of Birth:		Address:	
FRAIMS Ref:		Postcode:	
1.4	Alleged Partner/Related Third Party Details		
Name:		NINo:	
Date of Birth:		Address:	
Relationship:		Postcode:	
1.5	Allegation		
Please provide details of the allegation, findings so far, benefits in payment and alleged period involved:			

PART 2 - Request for Claim Information and Documents

Note: Information is provided and requested under the provisions of Sections 122C (for Criminal Investigations) and 122D (for Low Level Fraud) of the Social Security Administration Act 1992 respectively.

The information is requested for the purposes of detection or prevention of crime, where failure to obtain the requested information would in our view be likely to prejudice the investigation.

2.1	Information Requested		
Please be specific as to the type of document required and the period requested that directly relates to the allegation.			
FES Officer Name:		Date Requested:	
2.2	Local Authority Reply		
HB Claim number			
List of documents provided:			
Please provide any other information relevant to the allegation below:			

LA Officer:		Date of Reply:	
2.3	Follow-on Request		
Please be specific as to the period and type of documents relating to the allegation.			
FES Officer Name:		Date Requested:	
2.4	Subsequent Local Authority Reply		
List of documents provided:			
Please provide any other information relevant to the allegation below:			
LA Officer:		Date of Reply:	

PART 3 - Request for Consideration of Suspension (Criminal Cases only)

3.1	Summary of Findings		
Please summarise findings of investigation below:			
List Evidence:			
FES Officer Name:		Date Requested:	
3.2	Local Authority Reply		
Has suspension been applied?	SELECT	Date effective (if applicable)	
If no, please state reason			
LA Officer:		Date of Reply:	

PART 4 - Request for Adjudication and Reassessment

4.1	Summary of Findings		
Please summarise findings below. Alternatively a separate summary document may be prepared and forwarded along with all evidence. Details of any DWP or HMRC decisions must also be provided.			
List Evidence:			
FES Officer Name:		Date Requested:	
4.2	Local Authority Reply		
Please attach a copy of the decision below and details of any overpayment of benefit as applicable.			
LA Officer:		Date of Reply:	

PART 5 - Request for Consideration of Administrative Penalty Offer or Civil Penalty

5.1	AG1 for Delegation of Function/Civil Penalty Recommendation		
Please record name and date of request below and forward with Form AG1 (for Ad-Pens only). Where the Local Authority is being asked to consider imposing a Civil Penalty, please provide a brief summary of reasons below.			
FES Officer Name:		Date Requested:	
5.2	Local Authority Reply		

Ad-Pen: If approval to offer Ad-Pen is granted, please forward Form AG1 with Part 2 completed below. If approval to offer Ad-Pen is not granted please provide a brief summary of the reason(s) below.
 Civil Penalty: Where a Civil Penalty was recommended, please advise of Local Authority decision below.

LA Officer:		Date of Reply:	
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PART 6 - Request for a Witness Statement (Scotland only – Request for Schedule 8 Certs)

6.1	Witness Statement Request		
Please provide a witness statement in support of HB/CTB decision dated			
6.2	Schedule 8 Certificates Required		
List Evidence:			
FES Officer Name:		Date Requested:	
6.3	Local Authority Reply		
Please record name and date of Local Authority reply below and forward along with witness statement and Schedule 8 Certificate(s).			
LA Officer:		Date of Reply:	

PART 7 - Overpayment/Appeal Status Update

7.1	Overpayment/Appeal Status Update Request		
Please provide updated overpayment information as detailed below.			
FES Officer Name:		Date Requested:	
Reason for request		Reply requested by:	
7.2	Local Authority Reply		
Original overpayment amount for HB/CTB			
Overpayment sum outstanding: Please show HB/CTB separately			
Has overpayment been amended since original decision?	SELECT		
If yes, please provide details.			
Has claimant repaid the overpayment in full?	SELECT		
If yes, what date did they make the payment? Please show HB/CTB separately			
If the claimant has made			

arrangements to repay, at what rate and how regularly will the payments be made for each benefit?	
Has the claimant appealed against the decision?	SELECT
If yes, please provide details.	
Is customer's address still as Part 2?	
LA Officer:	Date of Reply:

PART 8 – DWP Criminal Investigation Outcome

8.1	Case Closed No Further Action		
Date closed:		Reason:	
FES Officer:		Date Notified:	
8.2	Case Referred for DWP Low Level Fraud Intervention		
Date transferred:		Reason:	
FES Officer:		Date Notified:	
8.3	Ad-Pen Outcome		
Please record outcome of Ad-Pen offer below. If the subject accepted, please forward Form AG2 and Ad-Pen Agreement Form. If they refused, please advise below what action is now being taken.			
FES Officer:		Date Notified:	
8.4	Prosecution Outcome		
Date submitted for Prosecution:		Accepted for proceedings?	
Date of court hearing		Prosecution Outcome:	
Outcome Date:		FES Officer:	
Date Notified:			

PART 9 - Loss of Benefit Notification

Please record name and date of FES request below and forward with appropriate Loss of Benefit Form.			
FES Officer Name:		Date Notified:	

PART 10 - Request for Consideration of Suspension (Low Level Fraud cases only)

Reason for consideration of suspension:	SELECT		
List of Evidence:			
FES Officer Name:		Date Requested:	
If source of referral was not from the			

Local Authority – please give details of the alleged offence.	
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PART 11 – DWP Low Level Fraud Investigation Outcome			
Date closed:		Intervention Outcome:	SELECT
List of Evidence:			
FES Officer Name:		Date Notified:	