



Legal Aid  
Agency

# Litigator Fee Review Form

## Section one

Bill ID \_\_\_\_\_ Solicitor's a/c number \_\_\_\_\_  
 Solicitor's firm \_\_\_\_\_  
 Firm's address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact telephone number \_\_\_\_\_ Contact name \_\_\_\_\_  
 Defendant's first name \_\_\_\_\_ Defendant's surname \_\_\_\_\_  
 Defendant's Date of Birth \_\_\_/\_\_\_/\_\_\_ Name of Crown Court \_\_\_\_\_  
 Court code \_\_\_\_\_ Case Number(s) \_\_\_\_\_  
 Date of Representation Order \_\_\_/\_\_\_/\_\_\_ MAAT ID number \_\_\_\_\_

## Section two - Item(s) in Dispute

Please indicate item	Please indicate the details you wish to claim
<input type="checkbox"/> PPE	
<input type="checkbox"/> Trial type	
<input type="checkbox"/> Length of Trial	
<input type="checkbox"/> Number of Defendants	
<input type="checkbox"/> Offence Classification	
<input type="checkbox"/> Disbursements	
<input type="checkbox"/> Evidence Provision Fee	
<input type="checkbox"/> Other. Please state:	

## Section three - Reason for Redetermination

Please provide any additional information in support of your request for re-determination

Please list all additional documents submitted in support of your request

I wish to apply for a redetermination of the fee paid by the Litigator Fee Team

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Name \_\_\_\_\_

## Section four - Review Outcome

Paid in full

Paid in part

Refused

Additional Litigator Fee Allowed ( inc VAT)      £      :

Total Litigator Fee Paid (inc VAT)                      £      :

Additional Disbursements paid (inc VAT)              £      :

Total Disbursements paid (inc VAT)                      £      :

Decision Reasons:

Caseworker initials ..... Date processed  
.....