



Legal Aid  
Agency

This form should be completed for  
LGFS claims created online where an  
interim graduated fee has been paid.

If your claim is for hardship or a warrant please use form LF1.

**VHCC Criteria**

Solicitor's firm \_\_\_\_\_  
 DX \_\_\_\_\_  
 or  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Contact telephone number \_\_\_\_\_

Did the case last more than 60 days at trial?  
 Yes  No

Was this case notified to the High Cost  
 Crime Team?  
 Yes  No

If yes, please provide a copy of your  
 notification and response.  
 If no, please provide an explanation as to  
 why not, in a covering letter

**Section one - case details**

Solicitor's a/c number \_\_\_\_\_ Crown Court Case Number \_\_\_\_\_  
 Prosecuting Authority \_\_\_\_\_  
 If the case has transferred to a different court -  
 Name of Crown Court \_\_\_\_\_ Court code \_\_\_\_\_

**Defendant's details:**

First Name		Last Name	
Representation Order Dates:	original	/ /	transfer / /
Has there been an order for Judicial Apportionment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MAAT ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (7 digits, to be found on the Rep Order)
This case was:		Directed <input type="checkbox"/>	Sent <input type="checkbox"/>

**Defendant's details:**

First Name		Last Name	
Representation Order Dates:	original	/ /	transfer / /
Has there been an order for Judicial Apportionment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MAAT ID number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (7 digits, to be found on the Rep Order)
This case was:		Directed <input type="checkbox"/>	Sent <input type="checkbox"/>

4 Please continue on a separate sheet if necessary.

## Section two - Breakdown of Travel Costs

When claiming travel costs the date of travel, destination and reason for travel must be included. If you are travelling to visit your client you must justify why these expenses should be paid when a local provider would not incur them. Travel will be allowed at public transport rates unless justification for private travel is provided. Please provide copies of all tickets or receipts for public transport costs incurred over £20.00. Please see the LGFS Guidance for more information.

Date (dd/mm/yy)	Destination	Reason for travel	Distance (if claiming mileage at Public transport rate)	Distance (if claiming mileage at Private transport rate)	Amount claimed £:p (Exc VAT)	VAT Y/N
<b>Total claimed</b>						

## Section three - Declaration

I confirm that I have enclosed the following (where applicable):

- Original disbursement vouchers (for claims over £20 excluding VAT and mileage).
  - Prior authority confirmation for any disbursements not already paid.
  - Order in respect of Judicial Apportionment (for each defendant).
  - Hardship supporting evidence (e.g. bank statements/ bank letter), please give details
- 
- Evidence of additional PPE claimed above the amount authorised on the interim claim (if applicable).

**Section four**

**CLAIM OUTCOME - TO BE COMPLETED BY LAA STAFF ONLY**

Paid in full

Assessed

Rejected

Total Litigator Final Fee allowed (inc vat) £ :

Total disbursements allowed (inc vat) £ :

Total travel disbursements allowed (inc vat) £ :

Reasons

Caseworker initials ..... Date processed

**Section five - Additional information (this page is optional)**

Please give us any further information here that will allow us to process your claim. This page need only be submitted if you would like to provide supporting information.