



Legal Aid Agency

Escape Fee Case Claim Form

- Civil

This form can be used for all Escape Fee Case Claims, including cases started prior to 01/04/2013.

Is this case funded under an Exceptional Case Funding determination? Yes No

Is this an appeal? Yes No

Please complete this form in full.

Provider Details

Provider Name: _____

Contact Name: _____

Address: _____
 _____ Postcode: _____

DX: _____

Account number: _____

Tel Number: _____

Email address: _____

Summary of Claim

Client's first name: _____ Client's surname: _____

UCN: [][][][][][][][][][] / [] / [][][][][][][][][][] UFN: [][][][][][][][][][] / [][][][]

Stage Reached (if applicable): [][] Case ref: _____

Outcome code: [][]

Matter type 1: [][][][]

Matter type 2: [][][][]

Have you Retained or /Recovered costs from your client (solicitors charge) or the other side?

Profit Costs net:	£	:	Profit Costs inc VAT:	£	:
Travel net:	£	:	Travel inc VAT:	£	:
Waiting net:	£	:	Waiting inc VAT:	£	:
Total net:	£	:	Total inc VAT:	£	:
Disbursements net:	£	:	Disb inc VAT:	£	:
Date level of work closed:	___ / ___ / ___		Next Court date if applicable:	___ / ___ / ___	
Month claimed:	___ / ___				

4 You must attach your IT Based Running Record of Costs showing an itemised breakdown of work done in chronological order.

Required Information

Family cases: Private Law level: _____ Public Law level: _____

4 If this is a Section 31 Care Proceedings case, please attach the written notice from the Local Authority to the Legal Help Form.

Housing cases: Section 202 Review:

Defendant to a possession claim in the county court:

Relevant Case Information

Please give details of any relevant factors that resulted in the case exceeding the escape fee case threshold. Continue on a separate sheet if necessary.

Disbursement - Cost and Justification

Description of disbursements	Date	Net £ : p	VAT £ : p	Total £ : p
Total				

Have you attached?

CW1 & CW2 (if applicable)?

Evidence of income?

Disbursement Vouchers?

Full File of Papers?

IT based Running Record of Costs?

Provider Certification

I certify that the information provided is correct.

Signed: _____

Name: _____ Date: ____ / ____ / ____