



**Legal Aid Agency**

# Escape Fee Case Claim Form - Immigration

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 ensure the following documents are provided:** The full file of papers including the CW1 and CW2 (if applicable), disbursement vouchers, IT running record of costs and evidence of income.

## Provider Details

Provider Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Account number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ DX: \_\_\_\_\_  
 Tel Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## Summary of Claim (please note these should be the same across the whole claim)

Client first name: \_\_\_\_\_ Client surname: \_\_\_\_\_  
 UCN:  /  /   
 Case ref: \_\_\_\_\_ HO UCN: \_\_\_\_\_

### Legal Help:

Stage Reached:   
 Outcome code:   
 Matter type 1:   
 Matter type 2:

### CLR:

Stage Reached:   
 Outcome code:   
 Matter type 1:   
 Matter type 2:

### Legal Help

Profit Costs inc travel & waiting: £ :  
 Disbursements net: £ :  
 Date level of work closed: \_\_\_ / \_\_\_ / \_\_\_  
 Month claimed: \_\_\_ / \_\_\_

Profit Costs inc travel & waiting inc VAT: £ :  
 Disb inc VAT: £ :  
 Next Court date if applicable: \_\_\_ / \_\_\_ / \_\_\_

### CLR

Profit Costs inc travel & waiting (excl counsel): £ :  
 Counsel Costs net: £ :  
 Disbursements net: £ :  
 Date level of work closed: \_\_\_ / \_\_\_ / \_\_\_  
 Month claimed: \_\_\_ / \_\_\_

Profit Costs inc travel & waiting inc VAT(excl counsel): £ :  
 Counsel Costs inc VAT: £ :  
 Disb inc VAT: £ :  
 Next Court date if applicable: \_\_\_ / \_\_\_ / \_\_\_

### Totals

Profit costs net: £ :  
 Disbursements net: £ :

Profit costs inc VAT: £ :  
 Disb inc VAT: £ :

4 JR costs and detained travel and waiting do not form part of the escape case calculation and should not be included in the costs reported in the "Profit Costs inc travel & waiting" field. They should be claimed on page 2 of this form.



**Stage disbursement** (if applicable)

Month and amount claimed:

\_\_\_/\_\_\_ £ : \_\_\_/\_\_\_ £ : \_\_\_/\_\_\_ £ :

4 Please ensure these are not included in the disbursements claimed on your EC CLAIM1 or CWA submission for this case.

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

**Relevant Case Information**

Please give details of any relevant factors that resulted in the case exceeding the Escape Case threshold. Continue on a separate sheet as necessary.

**Provider Certification**

**Have you attached?**

- |                            |                          |                                   |                          |
|----------------------------|--------------------------|-----------------------------------|--------------------------|
| CW1 & CW2 (if applicable)? | <input type="checkbox"/> | IT based Running Record of Costs? | <input type="checkbox"/> |
| Disbursement Vouchers?     | <input type="checkbox"/> | Evidence of income?               | <input type="checkbox"/> |
| CW3 (if applicable)?       | <input type="checkbox"/> | Full File of Papers?              | <input type="checkbox"/> |

I certify that the information provided is correct.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_