



Legal Aid Agency

Escape Fee Case Claim Form - Mental Health

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

Provider Details

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

Summary of Claim

Client first name _____ Client surname _____

UCN: / / UFN: /

Matter type 1: Case ref: _____

Matter type 2: Fee level code: **MHL**

Outcome code: Meeting code: **MTGA**

Month Final Bill claimed: ____ / ____

Month Stage disbursement claimed: ____ / ____

(if applicable please supply breakdown of amount in Summary of Costs below) ____ / ____

Summary of costs

Profit Costs net: (inc counsel costs at CLR rate)	£	:	Profit Costs inc VAT: (inc counsel costs)	£	:
Travel and waiting:	£	:	Travel and waiting inc VAT:	£	:
Total net:	£	:	Total inc VAT:	£	:
Total Disbursements net:	£	:	Disb inc VAT:	£	:
Stage Disb 1:	£	:	Disb inc VAT:	£	:
Stage Disb 2:	£	:	Disb inc VAT:	£	:
Stage Disb 3:	£	:	Disb inc VAT:	£	:
Counsel Costs above CLR rate	£	:	Counsel Costs above CLR rate inc VAT:	£	:

4 Please ensure that you only include counsel costs above CLR as per agreed prior authority.

Mental Health Fees (please tick):

Non - means

Non - tribunal

Non - tribunal

Level 1
(Mental health proceedings)

Level 2

Level 3

Remote travel fee

Remote travel fee

Remote travel fee

Remote travel fee

Number of Adjourned Hearing Fee(s) _____

Breakdown of costs

	Level 1				Level 2		Level 3		TOTAL	
	Non-tribunal		MH proceedings		£ : P	hrs:mins	£ : P	hrs:mins	£ : P	hrs:mins
	£ : P	hrs:mins	£ : P	hrs:mins						
Attendance	:	:	:	:	:	:	:	:	:	:
Preparation	:	:	:	:	:	:	:	:	:	:
Advocacy							:	:	:	:
Travel & Waiting	:	:	:	:	:	:	:	:	:	:
Letters & Calls										
Counsel	:	:	:	:	:	:	:	:	:	:
Disbursements	:	:	:	:	:	:	:	:	:	:
Additional Payments Costs incurred	:	:	:	:	:	:	:	:	:	:
TOTAL	:	:	:	:	:	:	:	:	:	:

Disbursement - Cost and Justification

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

Relevant Case Information

4 Information here may expedite payment. Please give details of any relevant factors that resulted in the case exceeding the Escape Fee Case threshold.

Required information

4 This information must be supplied where appropriate in order to process your claim.

Date of section (if applicable): ___/___/___ Section type: _____

Date solicitors applied to tribunal: ___/___/___

Eligibility period to which this claim relates: From ___/___/___ to ___/___/___

Please provide details of any other claims made by you for this client within the same eligibility period.

Have you attached?

CW1 & CW2 (if applicable)?

Disbursement Vouchers?

Evidence of income?

Counsel prior authority form (if applicable)

Full File of Papers?

IT based Running Record of Costs?

Provider Certification

I certify that the information provided is correct.

Signed: _____

Name: _____ Date: ___/___/___