



Legal Aid
Agency

Report in civil cases - costs met in part or in full by other party

For Official Use Only

Tag No: _____ / _____ / _____

Please complete all sections of the form as fully as possible to prevent rejection of the claim or a request for further information.

Please indicate if:

- Claim for costs to be assessed by the LAA. VHCC/HCC - please state stage no.: _____
- Claim for costs assessed by the court _____
- The case was funded under an Exceptional Case Funding determination.
- Mental Health/Court of Protection

Your client's details

Our case reference number: _____

Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____

Does this claim cover more than one certificate? If so, give the other case reference numbers and the percentage apportionments between the cases:

Your details

Account number: Roll number:

Name of firm: _____

Your case reference: _____

Contact name for enquiries: _____ Tel no.: _____

E-mail address for enquiries: _____

Previous advice and other related claims

Did your client receive advice under legal help, family help (lower) or help with family mediation in this matter? Yes No

Date Legal Help form signed: ____ / ____ / ____

If prior to 1st October 2007, please confirm the total costs plus disbursements reported, including VAT. If on or after 1st October 2007, please confirm amount you received in payment, excluding any settlement fee(s) but including VAT: £ _____

Does this claim include the costs of all other providers that have been instructed?

4 Including both pre-certificate and post-certificate costs Yes No, please give reasons:

Is this the final bill on this certificate? Yes No

If yes, please note the case will closed and you will be unable to submit further claims.

Outcome of case

Date of issue of emergency certificate: / /

Date of issue of substantive certificate: / /

Outcomes

4 When answering the following questions, please use the relevant codes referred to in the Certificate Outcomes Checklist. This checklist is available on [GOV UK](http://GOV.UK).

4 Please complete for all claims including any interim claims.

1. At what stage did case end?
2. How did case end?
3. What was the result?
4. Was ADR proposed or used?
5. Were significant wider public benefits achieved?

Date of issue of proceedings: / /

Date of final work on the case, excluding bill preparation: / /

Name(s) of court(s) or proposed court: _____

Recoveries

Indicate which, if any, of the following were awarded:

Costs Damages Property

4 If costs were awarded and have not been recovered please complete page 11, if property was awarded complete form CIVADMIN1 and if damages have been awarded please provide details below.

Summary of costs paid

	Amount £ : p	VAT £ : p	Total £ : p
Profit costs or fixed fee:	:	:	:
Experts costs:	:	:	:
Other Disbursements:	:	:	:
Counsel's fees:	:	:	:
Total costs:	:	:	:
Legal advice and assistance or Legal Help costs & Family Help Lower:	:	:	:
* Pre-certificate interest on costs:	:		
* Post-certificate interest on Legal Aid costs only:	:		
Damages or monies awarded:	:		

* Please give details of how the interest recovered on costs was calculated, on a separate sheet Please note that this should be calculated at legal aid rates.

4 For cases where the Total Costs recovered from the other party exceed £95,000 please submit relevant evidence that this sum has been received. This is likely to take the form of a letter or similar correspondence from the other party's solicitors specifying the costs paid.

Counsel's fees and disbursements

Cases where Counsel have been instructed under the Family Graduated Fee Scheme or the Family Advocacy Scheme.

Have all outstanding claims for counsel been paid by the LAA? Yes No

Please provide details of payments made to counsel. This will allow us to check that all counsels fees have been paid. For claims assessed by the court a summary of the amount paid to each counsel will suffice providing the payments are clear on the bill as assessed by the court.

No	Counsel (Account No. & Name)	Date of Work	Total (Inc. VAT)	Office Use Payment/Reconcile
1				
2				
3				
4				
5				
6				
7				
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9				
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32				
OVERALL TOTAL PAID TO COUNSEL				

Summary of case - where assessed by the LAA.

4 Please give brief details of the case and its outcome.

Expert Invoice details

4 Disbursement vouchers must be provided where appropriate; they must contain a breakdown of the work undertaken including the rate charged per element.

If these are proceedings involving a dispute about children, are you satisfied that the experts used meet the Ministry of Justice standards for experts in England and Wales?

Yes No

If any of the experts do not meet the standards please provide a copy of an authority from the LAA to incur the expert cost, or give reasons why you instructed them and why an expert who meets the standards was not instructed.

Expert Group	Expert Type	Prior authority obtained? Y/N	Preparation		Court Attendance		Travel Time Costs	Other Costs	Net Amount	VAT Amount	Total Cost (inc VAT where applicable)
			Hourly rate	Total Prep Cost	Rate	Total Court Cost					
Total (C)											

Other Disbursements details

4 Disbursement vouchers must be provided where appropriate

Disbursement	Net	VAT	Total	For office use only
Total (D)				

Advocacy costs under Family Advocacy Scheme

4 Please ensure you have provided the evidence required for your FAS payment. Details of the evidence required can be found on the claim submission checklists and within the [electronic handbook](#).

Date of Hearing	Type of Judge HCJ D/CJ L/C	Interim/ final advocates meetings or FDR	Actual time spent (mins)	Number of hearing units or days if final hearing	Rate for units	Standard fee total cost	% bolt on claimed	Cost of bolt- ons £ : p	Advocate bundle payment £ : p	settlement fee	Exceptional travel	Total Net	VAT for FAS claims £ : p
Total													

Bolt on Payments

Date of hearing	Bolt on claimed (please insert relevant numbers)

Exceptional travel bolt-on

Date	Distance	Reasons for claim

Bill to be assessed by the Legal Aid Agency

Schedule of time spent 4 Complete in chronological order adding further details on ROT, DOT or OOT work on the next page.

Fee earner Initials	Date dd mm yy	Code	Preparation		Hearing hrs : mins	Travel hrs : mins	Waiting hrs : mins	Rate £ : P	Basic Claim £ : P	Enh/ uplift %	Claim £ : P	For Office Use Only
			Attendance or conference	Examining/ drafting documents hrs : mins								
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33												

Total times

Total costs

TOTAL

:

A

For total costs extract "Attendance" figures from "Claim" column and enter in "Total Costs" box at bottom of "Attendance or Conference" column. Repeat for "Preparation of Document", "Hearing", "Travel" and "Waiting" columns and total these costs. The total of these costs should match total in box A.

Legal Aid Only costs

4 If you are seeking an enhanced rate of remuneration identify the item of work, the reason for the enhancement and the enhanced rate claimed.

	Item rate	Number	Enhancement claimed	£ : p	For Office Use Only
Letters out					
Letters in					
Phone calls					
Total					

Counsel's Claim

4 If the number of counsel claiming is more than one, please confirm the amount due to each. Where counsel is paid under FAS/FGF please complete the counsels payment matrix. In non family cases please provide the CF1A.

Account number					
Amount					

Your Claim and VAT

	NET	VAT	For Office Use Only
Profit costs			
Experts costs			
Other Disbursements			
Total			

Costs Assessed by the Court Your Claim and VAT

	NET	VAT	For Office Use Only
Profit costs			
Experts costs			
Other Disbursements			
Cost of detailed assessment			
Total			

Counsel's Claim

4 If the number of counsel claiming is more than one, please confirm the amount due to each and provide fee notes or copies of Counsel's claims.

Account number					
Amount					

No of counsel claiming	Total counsel's fees	VAT counsel's fees	Total counsel's claim	For Office Use Only

Certification

I certify, on behalf of the payee, that the information provided is correct. This work has not been and will not be the subject of any other claim for remuneration from the Legal Aid Agency.

If costs are to be assessed by the Legal Aid Agency I certify that, where the legally aided client has a financial interest, a copy of the bill has been provided to the client with an explanation of their rights and that either 21 days have passed since the copy was so provided or the client has confirmed in writing (copy attached) that s/he will not be making any representations in relation to the bill.

If costs were assessed by the court I certify that a copy of the bill has been provided to the legally aided client pursuant to the regulations with an explanation of their financial interest in the assessment and the steps which can be taken to safeguard that interest. They have not requested that the authorised court officer be informed of their interest and have not requested that notice of the assessment appointment be sent to them.

Signed: _____ Date: ____/____/____

(Authorised Litigator. The solicitor or litigator instructed must have a valid practising certificate. The LAA will not pay for any work done during any period in which the litigator does not have a practising certificate.)

Name: _____

Panel Membership Declaration

I declare that I am a member of:

- | | Please tick |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| i) The Resolution Specialist Accreditation Scheme, The Law Society's Family Law Advance or Accreditation Scheme | <input type="checkbox"/> |
| ii) in relation to work done under a certificate which includes proceedings relating to children, the Law Society's Children Law Accreditation Scheme | <input type="checkbox"/> |

Signed: _____ Date: ____/____/____
(Panel Member Solicitor)

Name: _____

Signed: _____ Date: ____/____/____
(Panel Member Solicitor)

Name: _____

All Panel Members must sign the declaration. If there is not enough space, please copy the page, sign and attach to the claim.

Debtor's details

4 The last known address of debtor is required

4 If all damages or property have been recovered, completion of this section is unnecessary.

Title: _____ Initials _____ Surname or Organisation: _____
:

First name: _____ Date of Birth: ____ / ____ / ____

National Insurance no: _____

Address: _____

_____ Postcode: _____

Phone (work): _____ Phone (home): _____
Mobile: _____ Fax no: _____

email address: _____

Solicitor's firm name: _____

Is the debtor: Employed Self-employed Unemployed

Job: _____

Employer's name: _____

Employer's address: _____
_____ Postcode: _____

Any assets owned by debtor, e.g. property, shares, Bank/building society accounts, ISAs, Bonds (including premium), Gilts, Government stocks, Life policies, Vehicles owned etc.

Debtor's income: £ _____ : _____

Was the debtor legally aided? Yes No

If yes, give our case reference: _____

Please give any information which would help in recovery of monies.