



Legal Aid Agency

This form should be completed for LGFS interim claims created online.

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

Solicitor's firm _____
DX _____
or
Address _____

Email address: _____
Contact telephone number _____

VHCC Criteria

Was this case notified to the High Cost Crime Team?
Yes <input type="checkbox"/> No <input type="checkbox"/>
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 / /
This case was: Directed <input type="checkbox"/> Sent <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"/> <input type="text"/> (7 digits, to be found on the Rep Order)

Defendant's details:	
First Name _____	Last Name _____
Representation Order Dates: original / /	transfer / /
This case was: Directed <input type="checkbox"/> Sent <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"/> <input type="text"/> (7 digits, to be found on the Rep Order)

Defendant's details:	
First Name _____	Last Name _____
Representation Order Dates: original / /	transfer / /
This case was: Directed <input type="checkbox"/> Sent <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"/> <input type="text"/> (7 digits, to be found on the Rep Order)

4 Please continue on a separate sheet if necessary.

Section two - case details

If you are claiming:

Interim payment - effective PCMH/PTPH, please provide effective

PCMH/PTPH date:

____ / ____ / ____

Interim payment - trial start, please provide date trial started:

____ / ____ / ____

Estimated trial length:

Interim payment - retrial new solicitor, please provide date LA transferred:

____ / ____ / ____

Date first trial concluded:

____ / ____ / ____

Interim payment - retrial start, please provide date retrial started:

____ / ____ / ____

Estimated trial length:

Section three - Declaration

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

- Representation Order. **(Where there has been a transfer and you are the new Solicitors, please supply a copy of the original representation order).**
- The front sheet(s) from the committal bundle and NAEs served by the prosecuting authority, showing the total of pages served **(required for all interim graduated fee claims).**
- A copy of the indictment **(required for all interim graduated fee claims).**
- Original disbursement vouchers (for claims over £20 excluding VAT and mileage).
- Prior authority confirmation.
- Other supporting evidence. A list of acceptable evidence can be found on the LAA website.
- Form LAC1 or Memorandum of Conviction for directed cases.

Section four - claim outcome

CLAIM OUTCOME - TO BE COMPLETED BY LAA STAFF ONLY

Paid in full

Assessed

Rejected

Total interim litigator fee allowed (inc vat) £ :

Total interim disbursements allowed (inc vat) £ :

Reasons

Caseworker initials Date processed