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VHCC – 1 Advocate – plan and final payment;

Care Case Fee Scheme Form

(South Tyneside) October 2015

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| --- | --- | --- | --- |
| **Version:** | **Issue date:** | **Last review date:** | **Owned by:** |
| 1 | 01/10/2015 | 01/10/2015 | VHCC Family Unit |

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| --- | --- | --- |
| **Version:** | **Date** | **Reason** |
| 1 | 01/10/2015 | First release of Care Case Fee Scheme Form |

**Version History**

**Contents**

1. Overview
2. The Plan
3. Billing Section

# Overview

This is the standard template form for cases proceeding under the VHCC Care Case Fee Scheme for High Cost Care cases involving single junior counsel. This scheme is managed under the ‘VHCC – Care Case Fee Scheme Information Pack – 1 Advocate (External or In house) (South Tyneside) July 2015’ which is available from our website.

**All amounts should be exclusive of VAT unless requested.**

Please consult this information pack for guidance on how this case plan should be completed.

# The Case Plan

The plan continues on the next page:

# Billing Section

# Once the case has concluded, all sections should be updated, Form J is to be completed and VAT added to section I.

# Public Law Children Act

# VHCC Care Case Fee Scheme Form

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| **NAME OF CLIENT** | **NAME OF FIRM** | **YOUR REFERENCE** |
|  |  |  |
| **Legal Aid certificate reference(s)** | **Date of VHCC Registration** | **Case Plan version number and date** |
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## CASE INFORMATION

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| **A. Brief Summary of Case** |
| **Level of Court (Tick as appropriate): Bench**  **CJ/DJ**  **High** Is the case expected to conclude under a high court level judge?Yes  No |
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| B. Chronological Schedule of Events. | | | | | | |
| Date | **Event**  (Please state the type of hearing) | **Solicitor** | | **Junior Counsel** | | **Pre- Agreed?** |
|  |  | Planned | Actual | Planned | Actual |  |
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|  | **TOTAL** |  | |  | |

## Please indicate in the right-hand column if these costs have been approved in a previous CCFS form.

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| B. Chronological Schedule of Events - continued | | | | | | |
| Date | **Event**  (Please state the type of hearing) | **Solicitor** | | **Junior Counsel** | | **Pre- Agreed?** |
|  |  | Planned | Actual | Planned | Actual |  |
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|  | **TOTAL** |  |  |  |  |

## Please indicate in the right-hand column if these costs have been approved in a previous CCFS form.

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| **C. Case Management Information** |
| Team Personnel (including Solicitors Employees and Counsel and/or Solicitor Advocate) |

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| **D. Expert Fees** |
| If these are family proceedings involving a dispute about children, are you satisfied that the experts used meet the standards for experts as set out in Practice Direction 25B?  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 |

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| **Expert Invoice details**  Disbursement Vouchers must be provided where appropriate:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Expert Name** | **Expert Group** | **Expert Type** | **Prior Authority Obtained? Y/N** | **Preparation** | | **Court Attendance** | | **Travel Time Costs** | **Other Costs** | **Net Amount** | **Vat Amount** | **Total Costs (Inc VAT where Applicable)** | **Estimated or actual costs**  **(A/E)** | | **Hourly Rate** | **Total Prep Cost** | **Hourly Rate** | **Total Prep Cost** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | **Total** |  |  |  |  | |  | | | | | | | | | | | | | | |

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| **Expert Invoice details**  Where there is a joint instruction of an expert please list all other parties to the proceeding and the apportioned percentage share of the experts costs (if a party is not responsible for a share of the expert costs please list and enter 0% as their share). | | | | |
| **Expert type** | **Party name** | **Solicitor** | **Certificate ref** | **Apportion**  **(%)** |
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| **Other Disbursements** Disbursement vouchers must be provided where appropriate | | | | |
| Disbursements | NET | VAT | Total | For office use only |
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**E. Solicitor Advocacy Costs under Family Advocacy Scheme**

**Not required where no FAS fees claimed**

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| Date of hearing | Type of Judge HCJD / CJL/C | Interim / final advocates meeting or FDR | Actual Time spent (mins) | Number of Hearing units or days if final hearing | Rate of units | Standard fee total cost | %bolt on claimed | Cost of Bolt-ons | Advocate bundle payment | Settlement fee | Exceptional travel | VAT for FAS claims | Total |
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| **TOTAL** | | | | | | | | | | | | |  |

**Bolt on Payments**

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| Date of Hearing | Bolt on claimed (please insert relevant numbers) |
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**Exceptional Travel Bolt-on**

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| Date | Distance | Reason for claim |
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| **KEY EVENTS & DATES**  **F. Costs that have escaped CCFS, for example appeal work (exclusive of VAT).** | **WORK** | **TIME ESTIMATE IN HOURS** | | **SOLICITOR COSTS** | | | |
|
|  | | **SOLICITOR** | **COUNSEL** | **DISBURSEMENTS** | **Rates Applied** | | |
|  |  |  |  |  | **Rates** | **Enh (%)** | **Total** |
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|  |  |  |  |  | **Rates** | **Enh (%)** | **Total** |
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| Number of hearings and advocates meetings |  |

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| **G. Counsel claims under the Family Advocacy Scheme**  **Not required where no FAS fees claimed** | | | |
| **Date** | **Event** | Name and Account No. | **Cost/Estimate**  **(exclusive of VAT)** |
|  |  |  | £ |
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| **Total** | | |  |

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| **H. Costs of previously instructed solicitors**  **Not required where no previous firm instructed** |

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| --- | --- | --- |
| **Firm instructed:** | **Total** | **VAT** |
| **Solicitor - Profit Costs  Fixed Fee  Events Claimed**  Tick as appropriate | **£** | **£** |
| **Disbursements** | **£** | **£** |
| **Counsel - FAS  Events  Both claimed**  Tick as appropriate | **£** | **£** |
| Total Costs | **£** | **£** |

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| **Hearings, Advocates Meetings and Conferences with Counsel** | | |
| **Date** | **Event Type** | **Solicitor/Counsel/Both** |
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| **Firm instructed:** | **Total** | **VAT** |
| **Solicitor - Profit Costs**  **Fixed Fee**  **Events Claimed**  Please select relevant option | £ | £ |
| **Disbursements** | £ | £ |
| **Counsel - FAS**  **Events**  **Both claimed**  Please select relevant option | £ | £ |
| Total Costs | £ | £ |

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| --- | --- | --- |
| **Hearings, Advocates Meetings and Conferences with Counsel** | | |
| **Date** | **Event Type** | **Solicitor/Counsel/Both** |
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| Total previous forms’ costs | **Total** | **VAT** |
| **£** | **£** |

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| --- | --- | --- | --- | --- |
| **I. Costs Summary** | | | | |
|  | | | | |
| Profit Costs | | | | |
| Type of Event | No. Of Events | Events rate applied | Total | VATRequired On Conclusion For Billing Only |
|  |  |  | **£** | **£** |
| Section D – Experts + Disbursements | | | **£** | **£** |
| Section E – Solicitors Advocacy (if required) | | | **£** | **£** |
| Section F – Escaped fees (if required) | | | **£** | **£** |
| Section H – Total Previous Firms’ Costs (if required) | | | **£** | **£** |
|  | | | | |
| Junior Counsel | | | | |
| Type of Event | No. Of Events | Events rate applied | Total | VATRequired On Conclusion For Billing Only |
|  |  |  | **£** | **£** |
| Section G – Counsel FAS (if required) | | | **£** | **£** |
| Counsel Disbursements | | | **£** | **£** |
|  | | | | |
| **Total Costs** | | | **£** | **£** |

**What happens if the number of agreed events changes?**

The plan is agreed on the basis of the current known listing. If additional interim hearings are listed then the agreed costs are simply increased by the relevant number times the event fee. In respect of main hearings it needs to be recognised that preparation is front loaded and therefore if a main hearing under or overruns the agreed price is adjusted up or down by a refresher rate. Please consult the VHCC Care Case Fee Scheme Information Pack for further details.

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| Confirmation to be signed when billing;I confirm that the events listed in Section B of this case plan actually occurred and were attended as indicated.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **On behalf of:** |

**J. Only to be used on conclusion of the case for final**

**payment**

|  |
| --- |
| Is this the final bill on this certificate? Yes  No  Does this claim cover more than one certificate? Yes  No  If yes, please give the other case reference numbers:  Account number:  Date of final work on the case, excluding bill preparation:  Did the case conclude under a high court level judge? Yes  No |
| When answering the following questions, please use the relevant codes referred to in the Certificate Outcomes Checklist. This checklist is available on  **Outcomes**   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? |
| 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 No: |  |  |  |  |  | | Amount | £ | £ | £ | £ | £ | |
| **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.  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: |