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| Legal Aid Agency | **HCF – Care Case Fee Scheme Form (June 2019)**  This is the template for high cost family cases proceeding under the Care Case Fee Scheme involving **single junior** **counsel**. This scheme is managed under the “HCF – Care Case Fee Scheme Information Pack – 1 Advocate (External or In-house)” available on our [website](https://www.gov.uk/guidance/civil-high-cost-cases-family).  **Sections E, F, H and J are at the rear of this document** |

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| **Client name/s** |  | | |
| **Certificate reference/s** |  | | |
| **Provider** |  | **Notification date** | **Submission date** |
| **Interim Submission**  Only for costs exceeding £32,500. Please DO NOT upload any documentation unless specifically instructed**.** | | **Final Submission**  Please upload [FINAL FAST CHECKLIST](https://www.gov.uk/guidance/civil-high-cost-cases-family) and your supporting documentation. | |

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| 1. **Brief summary of the case** |
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| 1. Chronological schedule of events | | | | | |
|  | **Date** | **Event Type**  1 event can be claimed per day. | **Solicitor**  Please quote event price below | **Junior Counsel** | |
| Event price/ or mark as FAS | Counsel’s initials |
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If you need to include more rows please put your cursor in the last cell on row 25 and press tab

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| **Certification to be signed when submitting Final CCFS Form:**  I confirm the events listed in Section B (above) actually occurred & were attended as indicated.  Signed: Date: |

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| 1. **Case Information** | |
| **Level of the court**: Bench  CJ/DJ  High  **Is the case expected to conclude under a high court level judge?** Yes  No | |
| **Team Personnel** (inc. Solicitors, Counsel and/or Solicitor Advocate, and Experts) | |
| **Parties to the proceedings** | |
| Name | Legal Aid Certificate (if applicable) |
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| 1. **Expert Fees & Disbursements** |
| 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 |

**Expert Fees**

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| Expert Name & if A/E (est/ actual) | Apportionment (%) | Expert Type | Hourly rate (£) | Total prep cost (£) | Travel time costs (£) | Other costs (£) | Net cost (£) | VAT (£) (if applicable) |
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**Disbursements**

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| Disbursement Type (please quote any applicable rates (£) and dates) | Apportionment (%) | Net cost (£) | VAT (£) (if applicable) | Estimate or actual A/E) |
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**G.** **Counsel Costs**

**Part 1 – Counsel Fees costed under FAS**

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| Counsel Claims under the Family Advocacy Scheme –NB a maximum of two conferences can be sought across the case | | | | | | |
| Date & if A/E | **Hearing Type** | **Counsel Name** | **Account No.** | **Net total (£)** | **VAT (£)** if applicable | **Estimate or actual costs** (A/E) |
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**Part 2 – Extra costs for counsel using Events**

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| Counsel – Travel Time Claims (exceptional travel exceeding 50 mile round trip)  Justification for distant counsel: | | | | | | |
| Date of hearing | **Counsel Name** | **Account No** | **Distance** (miles) | **Where From/To** | **Net Cost (£)** (the rate is £32.04) | **VAT (£)** (if applicable) |
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| Net total | | | | |  |  |

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| Counsel - Disbursements | | |
| Disbursement Type (please quote any applicable rates (£) and dates) | **Net cost (£)** | **VAT (£)** |
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| 1. Costs Summary (all figures excluding VAT) | | | | |
|  | **No. of events** | **Event Price (£)** | **Net total (£)** | **VAT (£)** |
| Solicitor Full Events |  |  |  |  |
| Solicitor under run days |  |  |  |  |
| Solicitor over run days |  |  |  |  |
| Solicitors Advocacy FAS (only applicable if using £707 + FAS model) | | |  |  |
| Solicitor Escaped hourly rate work (section F) | | |  |  |
| Solicitor Total | | |  |  |
| Expert Fees | | |  |  |
| Disbursement Fees | | |  |  |
| Solicitor Overall Total | | |  |  |
| Junior Counsel Full Events |  |  |  |  |
| Junior Counsel under run days |  |  |  |  |
| Junior Counsel over run days |  |  |  |  |
| Junior Counsel FAS fees | | |  |  |
| Junior Counsel travel time/disbursements | | |  |  |
| Junior Counsel Escaped hourly rate work (section F) | | |  |  |
| Junior Counsel Total | | |  |  |
| Previous Solicitor Costs | | |  |  |
| Total costs | | |  |  |

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| 1. Solicitor Advocacy Costs under Family Advocacy Scheme (where provider is using £707+FAS model) | | | | | | | | | | | |
| 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 (£)** | **Cost of bolt-ons (£)** | **Advocate bundle payment £)** | **Settlement fee (£)** | **Exceptional travel** | **Net total (£)** |
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| Net Total | | | | | | | | | | |  |

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| FAS bolt-ons | | | |
| Date of hearing | **Bolt-on claimed** (please insert relevant nos.) | **Exceptional travel bolt-on** | |
| **Distance** | **Where From/ To** |
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| 1. Costs that have escaped CCFS, eg appeal work (exc of VAT) | | | | | | | | |
| Key events & dates | **Breakdown of Work** | **Solicitor Costs** | | | | **Counsel Fees** | | **Disbursements (£)** |
| Estimate in hours | Hourly rate (£) | Enh (%) | Net total (£) | Estimate in hours | Net total (£) |
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| Net Totals | | | | |  |  |  |  |

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| 1. Costs of previously instructed Providers (not required where no previous firm instructed or the previous firm has their own high cost contract)   Please submit a copy of this sheet for each previous provider | | | |
| Name of Previous Provider: | | **Net total** | **VAT** |
| Solicitor – please tick as appropriate  Profit costs  Fixed fee  Events | | £ | £ |
| Disbursements | | £ | £ |
| Counsel – please tick as appropriate  FAS  Events  Both claimed | | £ | £ |
| Total costs | | £ | £ |
| In all cases, please provide a chronological list of the previous provider’s Hearings, Advocate Meetings and Conferences with Counsel below | | | |
| Date | **Event Type** | **Solicitor/ Counsel/ Both** | |
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| 1. **Non CCMS billing form** | | |
| **Bill payment information – use on non-CCMS cases to obtain payment of costs.** | | |
| Is this the final bill on the certificate? | Yes | No |
| Does this claim cover more than one certificate? | Yes | No |
| If yes, please give the other case reference numbers |  | |
| Legal Aid Account Number |  | |
| Date of the final work on the case, excluding bill preparation |  | |
| Did the case conclude under a high court level judge? | Yes | No |
| **Outcome codes** – when answering the following questions please use the relevant codes referred to in the Certificate Outcomes Checklist | | |
| 1. At what stage did the case end? | |  |
| 1. How did the case end? | |  |
| 1. What was the result? | |  |
| 1. Was ADR proposed or used? | |  |
| 1. Were significant wider public benefits achieved? | |  |
| **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: | | |