

Application for full or partial refund of Low Value Personal Injury (LVPI) Part 8 Stage 3 fees

This form can only be used to apply for a refund of a full or partial refund of Court/Issue fees, which were paid to start Part 8 Stage 3 claims, but had been overcharged. LVPI Part 8 Stage 3 claims relate to 'Low Value Personal Injury Claims in Road Traffic Accidents' and 'Low Value Personal Injury (Employers' Liability and Public Liability) Claims'.

Refunds can only be made for fees which qualify.

Information about which fees qualify can be found on the document 'Low Value Personal Injury Part 8 Stage 3 Refund Guidance Document'. You should read this document before applying for a refund.

If you are completing this form by hand, please use BLOCK CAPITAL LETTERS.

Please provide evidence - if you have it - as to the value of the claim at the time of issue. For example: this could be the claim form or covering letter. Please also include a copy of your notice of issue.

Note: Section 1 should be Section 1 – Applicant data – Your name and contact details filled out by the person who paid the fee to HMCTS Your current name 1.1 (either the claimant from the Part 8 claim, or their Organisation name (if an organisation) appointed representative) Note: If you are an Contact name (if an organisation) appointed representative. please provide the claimant's details at 2.5 Title (if an individual) First name(s) (if an individual) Last name (if an individual) Date of birth (if an individual)

1.2 Current contact details Building and street Second line of address Town or city County (optional) Postcode Phone no. Email (if you have one) **Note:** We will use your email address to confirm we've paid your refund and to contact you if we need to. Company or charity number (if applicable) SRA number (if applicable)

Page 2 of 13

fee to HMCTS?
Yes, my name, contact and business details at the time of the claim are below
No − go to Section 2
Your contact details at the time of the claim
Name or organisation name
Building and street
Second line of address
Town or city
County (optional)
County (optional)
Postcode
If you are an organisation and your company name has changed since you paid the fee to HMCTS, you must also attach a photocopy of the document listed below.
Please tick to confirm you have attached the required document.
☐ Change of Name certificate from Companies House

1.3

you paid the fee to HMCTS, you must also attach a photocopy of one of the documents listed below.

Please tick which document you have attached.

a bank statement

utility bill

passport

driving license

marriage certificate (if you have changed your name)

Decree Absolute (if you have changed back to your maiden name)

Death Certificate

Deed Poll notification

If you are an individual and name or contact details changed since

Note: This helps us to confirm you are the correct person and can claim a refund. We'll need you to have proof of your name and address at the time the fee was paid.

Section 2 - Case details

Refund form LVPI (09.20)

If you paid fees for more than one claim, please fill in separate refund forms for each claim.

2.1	Do you know your case reference number? Yes – my case reference number is	Note: Providing your case reference number will allow us to process your
2.2	□ No What was the name of the court you applied to? For example County Court Money Claims Centre (CCMCC) (If known)	application as quickly as possible. Your case reference number will be in the following format LNNLLNNN (L = letter, N = Number)
2.3	Name or names of any other party in the proceedings (If any)	
2.4	Are you making this application on behalf of someone's estate? Yes - give the deceased person's details below, then go to 2.7 No - go to question 2.5	Note: If so, please provide a copy of their death certificate, along with a grant of probate if you have a copy of their will, or letters of administration if
	Name	you do not.
	Building and street	
	Second line of address	
	Town or city	
	County (optional)	
	Postcode	

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N	o – go to question 2.7
Nam	е
Build	ing and street
_	
Seco	nd line of address
Town	or city
Coun	ty (optional)
Post	code
	did you apply on their behalf? s the Claimant your client, insured, a child etc)

2.5 Did you represent the claimant in the underlying court claim?

in this section MUST be the named Claimant in the Part 8 Claim Form

Note: The person named

2.7	If you are applying as an individual, did someone represent you when you made the claim?	Note: Provide the details of the organisation that paid the fee on your behalf.
	Yes - give their details below	
	No − go to question 2.8	
	Name	7
	Building and street	7
	Second line of address]
	Town or city	Л
	County (optional)	
	Postcode	
2.8	Your Court/Issue fee	
	How much did you pay?	
	When did you pay the fee?	
	What was the assessment of the claim value when filed? Less than £300	Note: To help us process your application as quickly as possible, please include
	Between £300 and £500	your claim form or covering letter. Please also include a
	Between £500 and £1,000	copy of your notice of issue.
	Between £1,000 and £1,500	
	Between £1,500 and £3,000	
	Between £3,000 and £5,000	

	How did you pay your fee?
	Cheque
	Debit/credit card
	Fee account
	Cash
	☐ Don't remember
2.9	Did you or the party you are representing apply for a Help with Fees (HwF) assessment?
	Yes
	No, go to question 2.12
2.10	Did you qualify for either a full remission of partial remission under the HwF scheme?
	Yes
	Full remission
	Partial remission, I qualified for £
	☐ No
2.11	Do you have a 'Payment or Help with Fees' reference number?
	Yes, my 'Payment or Help with Fees' reference number is
	□ No

Additional information — Please tell us any other information about your claim that will help us find your case details.	Note: Please make sure you provide us with the correct details. If you don't, this
Maximum 2000 characters	might mean there's a delay to your payment.
	For any other questions about payment methods please contact the helpdes 0300 1233077.

Section 3 – Repayment details – your bank details

We cannot pay any monies into a non-UK bank account or refund you in cash. Please make sure you provide us with the correct details. If you don't, this might delay your payment.

3.1	If you wish to be paid by either Payment By Account (PBA) or Fee Account, please provide the reference number for the account you wish the refund to made to:	
3.2	Do you have a UK bank account?	Note: If you do not have a UK bank account due
	Yes, go to question 3.3	to active insolvency/
	No, please read the guidance notes on how we can pay you	bankruptcy proceedings, or any other reason, please let us know. Please see page 13 of this document on how to contact us.
3.3	Account name (exactly as it appears on your bank statement)	
	The name given here must match the name given at 1.1 or your application could be rejected.	
3.4	Bank/Building Society Name	
3.5	Account number	
3.6	Sort Code (For example 01-02-03, write 010203)	

HMCTS will send your refund to a UK bank account owned by the person/company making the application. This will be done through Bankers Automated Clearers Services (BACS) – an electronic system to make payments directly from one bank account to another. This means we will pay the money directly into the UK bank account you ask us to.

If you want us to make a payment to a third party on your behalf, you will need to send a letter detailing the name and the UK bank account details of the person you want the refund to be paid to.

We will also need you to explain why you want the refund to be paid to a third party. You will need to send a letter from the named third party. They will need to confirm they're aware of and agree to the refund being paid to their UK bank account. We will require you to advise us at the time of submitting your application.

Section 4 - Declaration

You must complete the declaration and then sign and date

claration:	
I am making my own application.	
I am making an application on behalf of someone else with their knowledge and consent.	
onfirm:	
I made the payments in this application, or my representative made them on my behalf and I reimbursed them; and	
I have not received a payment from the other party to reimburse me the fee(s)	
If the other party reimburses me the fee(s) after I have received a refund from HMCTS, I will repay the refund to HMCTS	
If I am found to have been deliberately untruthful or dishonest, criminal proceedings can be brought against me and HMCTS will seek to recover funds paid.	
I understand if I have given false information or I do not send more evidence if asked, my application could be rejected.	
Applicant's signature	Note: If you do not sign the declaration, your application will be rejected and returned to you.
Print name of applicant	If it is found that claims for refunds are deliberately untruthful or dishonest
Date	criminal proceedings could be made against you. HMCTS would claim any funds paid to you.
When you get your refund	
The payment notification will be sent as a 'do not reply' email from our provider Liberata. It will show as: 'auto.reporting@ liberata.com'. Please save this email address as a 'safe sender'	

to make sure the email arrives in your inbox. If the email does not

You will find a PDF document with a HMCTS (Her Majesty's Courts

and Tribunals Service) header will be attached to the email.

arrive in your inbox please check your junk folder.

When you have completed this form send it to:

Email

Civil_Refunds@justice.gov.uk

or

Post

HMCTS

PO Box 8793

Leicester

LE18BN

Helpdesk

You can contact the helpdesk using email and post or on:

0300 1233077

Using your personal information:

Personal information you send to us might be used in different ways. For example:

- to stop fraud
- · to check you can claim a refund

HMCTS will check some of the information you have sent as part of this application. We will use a credit reference agency. This check will appear in your credit history. Lenders will not see it. It will not affect your credit rating.

General Data Protection Regulation

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address

https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter.

To receive a paper copy of this privacy notice,

call 0300 123 1024

Textphone 18001 0300 123 1024.

If calling from Scotland,

call 0300 790 6234

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Page 13 of 13