



Legal Aid  
Agency

## Graduated Fee claim - this form should be completed for all LGFS Graduated Fees where an interim graduated fee has been paid.

Please refer to the LGFS Form Guidance for advice on how to complete this form.

Hardship  Warrant

### VHCC Criteria

Solicitor's firm _____ DX _____ or Address _____ _____ _____ Email address: _____ Contact telephone number _____	Did the case last more than 60 days at trial? Yes <input type="checkbox"/> No <input type="checkbox"/> 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
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### Section one - case details

Solicitor's a/c number _____	Crown Court Case Number _____
Name of Crown Court _____	Court code _____
Prosecuting Authority _____	
If the case has transferred to a different court -	
Name of Crown Court _____	Court code _____
Is this a retrial? Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Defendant's details:

First Name _____	Date of Birth dd/mm/yyyy / /
Last Name _____	
Representation Order Dates: original / /	transfer / /
Has there been an order for Judicial Apportionment? Yes <input type="checkbox"/> No <input type="checkbox"/>	MAAT ID number [ ][ ][ ][ ][ ][ ][ ][ ] (7 digits, to be found on the Rep Order)
Evidence Provision Fee Claimed £0 <input type="checkbox"/> Lower <input type="checkbox"/> Higher <input type="checkbox"/>	This case was: Directed <input type="checkbox"/> Sent <input type="checkbox"/>

#### Defendant's details:

First Name _____	Date of Birth dd/mm/yyyy / /
Last Name _____	
Representation Order Dates: original / /	transfer / /
Has there been an order for Judicial Apportionment? Yes <input type="checkbox"/> No <input type="checkbox"/>	MAAT ID number [ ][ ][ ][ ][ ][ ][ ][ ] (7 digits, to be found on the Rep Order)
Evidence Provision Fee Claimed £0 <input type="checkbox"/> Lower <input type="checkbox"/> Higher <input type="checkbox"/>	This case was: Directed <input type="checkbox"/> Sent <input type="checkbox"/>

4 Please continue on a separate sheet if necessary.

## Section two - details of disbursements (excluding travel)

If prior authority has been granted, a copy of the authorisation letter must be submitted. Disbursement vouchers must be submitted for all disbursements of £20 or more, regardless of whether prior authority has been granted. Please use Section 3 for all travel costs claimed.

Type of disbursement (e.g. medical report)	Net amount claimed (£)	VAT claimed (£)	Gross amount claimed (£)	Has prior authority been granted Y or N?	Have you applied for a payment on account Y or N?	Payment Received Y or N?

## Section three - Breakdown of Travel Costs

When claiming travel costs the date of travel, destination and reason for travel must be included. If you are travelling to visit your client you must justify why these expenses should be paid when a local provider would not incur them. Travel will be allowed at public transport rates unless justification for private travel is provided. Please provide copies of all tickets or receipts for public transport costs incurred over £20.00. Please see the LGFS Guidance for more information.

Date (dd/mm/yy)	Destination	Reason for travel	Distance (if claiming mileage at Public transport rate)	Distance (if claiming mileage at Private transport rate)	Amount claimed £:p (Exc VAT)	VAT Y/N
<b>Total claimed</b>						

## Section four - Claim Details

(please complete for all claims including hardship/warrant and fixed fees.)

Please complete this box for all claims.	
Final Hearing Date (i.e. date of sentence/acquittal)	/ /
Offence class (A-K) and description of offence	
Trial Type (e.g. trial, guilty plea)	
Trial length in days Trial start date Trial end date	/ / / /
No. of pages of PPE If there has been a transfer, and you are the original solicitor, please confirm the number of pages served at the time of the transfer.	Statements _____ Exhibits _____ Photos _____ Other _____ Transcripts _____ Total = _____
Was any of this evidence served electronically?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of defendant's represented by your firm	
If there was a change of solicitor, are you the original or new solicitor?	
Are you claiming Special Preparation in accordance with any secondary legislation arising from the Legal Aid, Sentencing and Punishment of Offenders Act 2012?	Yes <input type="checkbox"/> Please submit your special preparation claim on form LF1-Special prep. No <input type="checkbox"/>

## Section five - Hardship Claims

(NB evidence must be provided of hardship e.g. bank statements, letters from bank), please see the Litigator Fee Guidance which is available on our website.

Date representation order granted to your firm:	/ /
Date of Hardship application	/ /
Is this case likely to end within 3 months? <b>(Hardship claims should not be made for cases likely to end within 3 months).</b>	
Value of case costs at time of hardship application (exc. VAT) <b>(please ensure section 3 is completed)</b>	£ :

## Section six- Warrant Claims

WARRANT (for work up to and including warrant issue date). Where the case has subsequently finished, a final fee payment should be claimed. Please see the Litigator Fee Guidance which is available on our website.

Date Warrant issued	/ /
Has Warrant been executed?	
Date Warrant executed	/ /

## Section seven - Total Claim

	Net	VAT	Total
Graduated Fee claimed	£ :	£ :	£ :
Hardship claim	£ :	£ :	£ :
Warrant claim	£ :	£ :	£ :
Disbursements claimed exc travel	£ :	£ :	£ :
Travel disbursements claimed	£ :	£ :	£ :
Amount already paid for interim graduated fee	£ :	£ :	£ :
<b>Total claimed</b>			£ :

## Section eight - Declaration

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

- Original disbursement vouchers (for claims over £20 excluding VAT and mileage).
- Prior authority confirmation for any disbursement not already paid.
- Order in respect of Judicial Apportionment (for each defendant).
- Hardship supporting evidence (e.g. bank statements/ bank letter), please give details
- Evidence of additional PPE claimed above the amount authorised on the interim claim (if applicable).

## Section nine - Solicitor's certification

I certify on behalf of the payee, that the information provided is correct.

Signed \_\_\_\_\_  
(A Solicitor or a Fellow of the Institute of Legal Executives)

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section ten**

**CLAIM OUTCOME - TO BE COMPLETED BY LAA STAFF ONLY**

Paid in full

Assessed

Rejected

Total Litigator Final Fee allowed (inc vat) £ :

Total disbursements allowed (inc vat) £ :

Travel allowed (inc vat) £ :

Reasons

Caseworker initials ..... Date processed

**Section eleven - Additional information (this page is optional)**

Please give us any further information here that will allow us to process your claim. This page need only be submitted if you would like to provide supporting information.