



Legal Aid
Agency

Application for extension of Upper Cost limit - Controlled Work (Non Immigration Matters)

This form must be submitted to the Mental Health and Civil Escape Cases Team in Liverpool with a copy of pages 1 to 5 of the 'Legal Help/Help at Court' form, and where applicable, a copy of the Controlled Legal Representation Form and any previous authority granted.

Is this case funded under an Exceptional Case Funding determination? Yes No

Provider Details

Name of Provider: _____

Account Number: _____

Name of category Supervisor: _____

Contact telephone number: _____

Case Details

Client name: _____

File Reference: _____

Contract category: _____

Matter Type: _____

Costs incurred to date: £ _____

Give details of work carried out to date:

Give details of new financial limit requested together with reasons:

If a certificate would be available for this type of matter, explain why one has not been applied for:

You may provide further details on a separate sheet if necessary.

Sufficient benefit test / CLR Merits Test

Give details of the amount of any money or property at stake:

What would be a successful outcome for your client in this matter?

What is your estimate in percentage terms of that outcome being achieved? %

Declaration

I confirm that the details on this form are true to the best of my information and belief and that the work on this matter has been carried out in accordance with the contract specification and guidance.

Signed: _____
Solicitor or Category Supervisor

For and on behalf of (provider's name): _____

Date: ____ / ____ / ____

Please submit this form to: Mental Health and Civil Escape Cases Team
DX 745810 Liverpool 35 - 6 Union Street, Liverpool, L3 9AF
Email: MHU-EC@legalaid.gsi.gov.uk

For office use only

Amount requested: £ _____

Granted in full:

Granted to: £ _____

Reasons for reduction or refusal:

Decision made by: _____

Regional office: _____

Date of decision: ____ / ____ / ____