



Legal Aid  
Agency

# Claim for assessment of costs or payment of costs following detailed assessment in civil cases

Including civil applications arising  
from criminal proceedings

Please indicate if:

Claim for costs to be assessed by the LAA.

VHCC/HCC - please state stage no.:

Claim for costs assessed by the court

The case was funded under an Exceptional  
Case Funding determination.

For Official Use Only

Mental Health/Court of Protection

Tag No:     /    /    

## Type of Case:

## Your client's details

Our case reference number: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth:     /    /    

**Does this claim cover more than one certificate? If so, give the other case reference numbers and the percentage apportionments between the cases:**

## Your details

Account number:         Roll number:

Name of firm: \_\_\_\_\_

Your case reference: \_\_\_\_\_

Contact name for enquiries: \_\_\_\_\_ Tel no.: \_\_\_\_\_

**E-mail address for enquiries:** \_\_\_\_\_

## Previous advice and other related claims

Did your client receive advice under legal help, family help (lower) or help with family mediation in this matter?  Yes  No

Date Legal Help form signed:     /    /    

If prior to 1st October 2007, please confirm the total costs plus disbursements reported, including VAT. If on or after 1st October 2007, please confirm amount you received in payment, excluding any settlement fee(s) but including VAT: £ \_\_\_\_\_

**Does this claim include the costs of all other providers that have been instructed?**

Including both pre-certificate and post-certificate costs  Yes  No, please give reasons:

Is this the final bill on this certificate?  Yes  No

**If yes, please note the case will closed and you will be unable to submit further claims.**



# Bill to be assessed by the Legal Aid Agency

## Details of work being claimed

Your file will not be required other than where provided in the published reject guidance. Give details of the case, including any factors in support of time spent in attendance and preparation:

If you are seeking an enhanced rate or uplift, state percentage sought and give full reasons (if the enhancement is claimed as a member of the Resolution Accredited Specialist Scheme, Law Society's Children Law Accreditation Scheme or Family Law - Advanced Accreditation Scheme please also sign the declaration below)

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## Panel Membership Declaration

I declare that I am a member of:

Please tick

- i) The Resolution Specialist Accreditation Scheme, The Law Society's Family Law Advance or Accreditation Scheme
- ii) in relation to work done under a certificate which includes proceedings relating to children, the Law Society's Children Law Accreditation Scheme

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Panel Member Solicitor)

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Panel Member Solicitor)

Name: \_\_\_\_\_

**All Panel Members must sign the declaration. If there is not enough space, please copy the page, sign and attach to the claim.**

# Counsel's fees and disbursements

Cases where Counsel have been instructed under the Family Graduated Fee Scheme or the Family Advocacy Scheme.

Have all outstanding claims for counsel been paid by the LAA?  Yes  No

Please provide details of payments made to counsel. This will allow us to check that all counsels fees have been paid. For claims assessed by the court a summary of the amount paid to each counsel will suffice providing the payments are clear on the bill as assessed by the court.

No	Counsel (Account No. & Name)	Date of Work	Total (Inc. VAT)	Office Use Payment/Reconcile
1				
2				
3				
4				
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32				
<b>OVERALL TOTAL PAID TO COUNSEL</b>				

# Bill to be assessed by the Legal Aid Agency

**Schedule of time spent** 4 Complete in chronological order adding further details on ROT, DOT or OOT work on the next page.

	Fee earner Initials	Date dd mm yy	Code	Preparation		Hearing hrs : mins	Travel hrs : mins	Waiting hrs : mins	Rate £ : P	Basic Claim £ : P	Enh/ uplift %	Claim £ : P	For Office Use Only
				Attendance or conference	Examining/drafting documents hrs : mins								
1													
2													
3													
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Total times

Total costs


**TOTAL**

	:	
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**A**

For total costs extract "Attendance" figures from "Claim" column and enter in "Total Costs" box at bottom of "Attendance or Conference" column. Repeat for "Preparation of Document", "Hearing", "Travel" and "Waiting" columns and total these costs. The total of these costs should match total in box A.





## Cost details

4 Complete page in full for Costs Claims to be assessed by the LAA: for Claims where costs have been assessed by the court, complete Your Claim, Counsel's Claim and the Certification.

	Item rate	Number	Enhancement claimed	£ : p	For Office Use Only
Letters out					
Letters in					
Phone calls					
<b>Total</b>					

## Your Claim and VAT

	NET	VAT	For Office Use Only
Profit costs			
Experts costs			
Other disbursements			
Cost of detailed assessment			
Total			
Grand total (NET + VAT)			

## Counsel's Claim

No of counsel claiming	Total counsel's fees	VAT counsel's fees	Total counsel's claim	For Office Use Only

4 Please confirm the amount due to each counsel and provide a completed CF1a.

Account number					
Amount					

4 Please ensure you have provided all necessary documentation as detailed in our published claim checklists. Your file will not be required other than where provided in the published claim checklists.

## 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.

If costs were assessed by the court I certify that a copy of the bill has been provided to the legally aided client pursuant to the Standard Civil Contract Specification with an explanation of their financial interest in the assessment and the steps which can be taken to safeguard that interest. They have not requested that the authorised court officer be informed of their interest and have not requested that notice of the assessment appointment be sent to them.

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: \_\_\_\_\_



## Details of costs awarded in favour of your client

4 You should attach copies of any orders made

Pre-certificate costs awarded: £ \_\_\_\_\_ : \_\_\_\_\_

During certificate costs awarded:  
(legal aid prescribed rates) £ \_\_\_\_\_ : \_\_\_\_\_

During certificate costs awarded:  
(Market Rates) £ \_\_\_\_\_ : \_\_\_\_\_

Are legal advice and assistance, and/or Legal Help costs included in the pre-certificate costs awarded?

Yes

No

If yes, tell us the amount: £ \_\_\_\_\_ : \_\_\_\_\_ Interest on all costs: £ \_\_\_\_\_ : \_\_\_\_\_

Date interest commenced or commences: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please provide a breakdown where interest has been calculated:

Amount recovered to date: £ \_\_\_\_\_ : \_\_\_\_\_

4 Please complete if recovery has not been made in full.

Date order was served: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address of service: \_\_\_\_\_  
\_\_\_\_\_

Does the court order say leave of the court is required before enforcement can take place?

Yes

No

Has a determination of the debtor's means been undertaken by the court?

4 If a determination has been made a copy of the order must be attached.

Yes

No

If yes, give the amount: £ \_\_\_\_\_ : \_\_\_\_\_

Has any offer been made by the debtor?  Yes  No

If so, give details:

## Details of monies/property awarded

4 You should attach copies of any judgments made and form CIVADMIN1 if this has not already been sent.

Value of award: £ \_\_\_\_\_ : \_\_\_\_\_ Amount recovered to date: £ \_\_\_\_\_ : \_\_\_\_\_

## Debtor's details

4 The last known address of debtor is required

4 If all costs and damages have been recovered, completion of this section is unnecessary.

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname or Organisation: \_\_\_\_\_

First name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance no: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax no: \_\_\_\_\_

email address: \_\_\_\_\_

Solicitor's firm name: \_\_\_\_\_

Is the debtor:  Employed  Self-employed  Unemployed

Job: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Any assets owned by debtor, e.g. property, shares, Bank/building society accounts, ISAs, Bonds (including premium), Gilts, Government stocks, Life policies, Vehicles owned etc.

Debtor's income: £ \_\_\_\_\_ : \_\_\_\_\_

Was the debtor legally aided?  Yes  No

If yes, give our case reference: \_\_\_\_\_

Please give any information which would help in recovery of monies.