Legal Aid Agency

Claim for representation in contempt proceedings

Court certification

Title: _____ Initials: _____ Surname: _____

First name: _____ Date of birth: ___/___/_____

Marital status: ☐ Single ☐ Married/Cohabiting ☐ Divorced ☐ Prefer not to say
☐ Separated ☐ Civil Partner ☐ Widowed

On: ___/___/_____ to: ___/___/_____
4 give date(s) of hearing:

in contempt of court proceedings before the

_____
4 give name of court

the above named person was granted representation pursuant to section 14(g) of the Legal Aid Sentencing and Punishment of Offenders Act 2012 or regulation 9(v) of the Criminal Legal Aid (general) Regulations 2013.

Court seal, stamp, signature

Acting solicitor's details

Legal Aid Provider number: |_|_|_|_|_|_|_| |_|_|_|_|_|_|_|

Name of firm: _____

Name of acting solicitor: _____

4 The acting solicitor must have a valid practising certificate.

4 The Legal Aid Agency cannot pay for any work done during any period in which the acting solicitor does not have a practising certificate.

Solicitor's reference: _____

Contact name for enquiries: _____

Counsel's details

Legal Aid Provider number: |_|_|_|_|_|_|_|

Phone: _____

Counsel's reference: _____

Contact name for enquiries: _____

© Crown Copyright

Standard fee claim

Number of days of appearance
(if more than one day is claimed):

	Cost solicitor £:p	Cost counsel £:p
Total standard fee(s)		
VAT		
Total standard fee claimed		

Non standard fee claim

4 Please give details of work done, time spent and cost in the boxes provided below.

4 Please give details of the exceptional circumstances of the case which you feel warrant payment of a non-standard fee on a separate sheet and attach to this form.

Date dd/mm/yy	Details of work done	Time spent hrs:mins	Cost solicitor £:p	Cost counsel £:p
	Sub-total - work done			
	Total disbursements			
	Total VAT			
	Total non-standard fee claimed			

Details of disbursements (if car, state mileage):

Certification

I certify on behalf of the payee that the information provided is correct and I claim the above on behalf of the payee and, if applicable, counsel.

Signed: _____ Date: _____
(Solicitor)

Phone number: _____

© Crown Copyright