



Legal Aid
Agency

Escape Case Claim Form- Crime Prison Law

Please tick if you are appealing provisional assessment

This form must be submitted to your processing office

Have you attached?

CRM1,2,3,4,5 & 11 (if applicable)?

Full File of Papers?

Disbursement Vouchers?

Summary of Claim

Client surname and initial: _____

Prisoner number: _____

UFN: /

Provider number:

Prison identifier:

Claim code:

Outcome code:

Profit Costs net: £ : VAT indicator:

Travel net: £ : Disbursements VAT: £ :

Waiting net: £ :

Total net: £ :

Disbursements net: £ :

Date level of work closed: ___ / ___ / ___

Type of Claim:

Advice and Assistance:

Advocacy assistance:
(Discipline)

Advocacy assistance:
(Parole Board)

Advocacy assistance:
(Sentence)

Authorisation code (Treatment cases only)

Matter type:

:

VAT indicator:

Disbursements VAT: £ :

You must claim this case online prior to assessment.

Month claimed: ___ / ___

Provider Details

Provider Name: _____

Contact Name: _____

Address/DX: _____

Account number: _____

Tel Number: _____

Email address: _____

Schedule of time spent

Please complete in chronological order, using a separate line for each type of work (e.g. travel, waiting, attendance).

Schedule of time spent continued

Relevant Case Information

Information here may expedite payment. Please give details of any relevant factors that resulted in the case exceeding the Exceptional Case threshold.

Disbursement - Cost and Justification

Provider Certification

I certify that the information provided is correct.

Signed:

Name: _____ Date: ___ / ___ / ___