



Legal Aid
Agency

Advocate Graduated Fee Redetermination Form

This is a contingency form for use only where the Crown Court online billing system (**CCD**) is not working.

Chambers/Firm Address:	Advocate Name:	
	Advocate Provider No.:	
	Chambers/Firm Phone No:	
	Chambers/Firm Email:	

Section 1: Case Details

Scheme:			
Court Name:			
Court Code:			
Principal Case Number:			
Principal Defendant			
First Name		Date of Birth	
Last Name		MAAT Ref. No.	
Date of Representation Order (dd/mm/yyyy)			

Section 2: Item(s) in Dispute

Trial Advocate Category	
Offence Banding	
Type of Case	
Number of defendants	
Number of Cases	
Retrial	
Percentage Reduction	
Miscellaneous Fees	
Travel & Hotel Expenses	
Special Preparation	
Wasted Preparation	
Other	

Section 3: Additional Information

Section 4: Certification

I certify that:

- All the information I have provided on this form is correct and complies with the Legal Aid, Sentencing and Punishment of Offences Act 2012 and its regulations;
- The information I have provided is correct and the work carried out by me has not been and will not be subject to any other claim by me for payment from criminal legal aid. I understand that if information by me is incorrect or misleading, payment may be recouped.

Trial Advocate's Signature: _____

Trail Advocate's Name: _____ Date: _____

Section 5 - Review Outcome

Paid in full

Decision

Paid in part

Reasons

Refused

Additional Advocate Fee Allowed (inc VAT)	£	:
Total Advocate Fee Paid (inc VAT)	£	:
Additional Travel & Hotel expenses paid (inc VAT)	£	:
Total Travel & Hotel expenses paid (inc VAT)	£	:

Reasons for Decision:

Caseworker initials Date processed