

Mental Health Application for Prior Authority to incur enhanced rates for Counsel

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

This form must be submitted to the Mental Health Unit Please complete in Block Capitals

Provider Details				
Name of Provider:				
Account Number:				
Name of Fee Earner: ———				
Contact telephone number:				
Email address:				
Case Details				
Client's Name:	Uni	que Client reference number:		
File Reference:	Date LH/CLR signed by client:			
Matter Type:	мнт	or Non MHT		
Counsel's details:				
Counsel's name & Location:				
Account number:				
Reference:				
Number of hours required:				
Travel & waiting:	hrs @ £	p/h = £		
Advocacy:	hrs @ £	p/h = £		
Attendance:	hrs @ £	p/h = £		
		p/h = £		
	Total amou	nt requested: £		

S. the 2010 Standard Civ	il Contract	Specification:				9.61 — 9.64 ules.
Declaration I confirm that the details or			•			
			•			
I confirm that the details or work on this matter has be			nce with the			
I confirm that the details or work on this matter has be guidance.		out in accorda Date:/_	nce with the			
I confirm that the details or work on this matter has be guidance. Authorised litigator:		Date:/_	nce with the			and
I confirm that the details or work on this matter has be guidance. Authorised litigator:	en carried	Date:/_ For office us Hourly rate allow	nce with the	contract	specification	and
I confirm that the details or work on this matter has be guidance. Authorised litigator: Hourly rate requested: Travel & Waiting: £	en carried	Date:/_ For office us Hourly rate allow Travel & Waiting	nce with the	contract	specification	and
I confirm that the details or work on this matter has be guidance. Authorised litigator: Hourly rate requested: Travel & Waiting: £ Advocacy: £	en carried	Date:/_ For office us Hourly rate allow Travel & Waiting Advocacy:	nce with the	p/h	specification	and
I confirm that the details or work on this matter has be guidance. Authorised litigator: Hourly rate requested: Travel & Waiting: £	en carried p/h p/h p/h	Date:/_ For office us Hourly rate allow Travel & Waiting	nce with the	p/h	specification	and
I confirm that the details or work on this matter has be guidance. Authorised litigator: Hourly rate requested: Travel & Waiting: £ Advocacy: £ Attendance: £	p/h p/h p/h p/h	Date:/_ For office us Hourly rate allow Travel & Waiting Advocacy: Attendance: Preparation:	nce with the	p/h p/h p/h	Reason for refus	and