

Application for extension of Upper Costs Limit

This form should be used when seeking an extension for hourly rates matters opened under paragraph 8.76(a) of the 2018 Standard Civil Contract, paragraph 8.77 (a) of the 2013 Standard Civil Contract, paragraph 8.83 (a) of the 2010 Standard Civil Contract or under paragraph 11.2 (a) and (c) of the Unified Contract. This form must be submitted to the Liverpool Office in advance of the requested work being commenced. Email: cw3@justice.gov.uk

Provider Details		
Name of Provider:	Account Number:	
Provider address:		
DX: Telephone:	Email:	
Client's Details		
Client's Forename:	Surname:	
Home office UCN:		
Client's DoB:/ LH Start Date: _	// CLI	R Start Date://
Client's Full Post Code:	Nationality:	
Please complete below and endorse which of t	the following your a	pplication relates to:
Application	Costs Incurred	New Limit Requested
1. Legal Help	£	£
2. Legal Help Disbursements	£	£
3. First Tier Tribunal - CLR	£	£
1. Summary of case: Briefly provide a summary of the case and highligh prospects of success (moderate or better, unclear the case meets the sufficient benefit or CLR merits).	or borderline, poor or	
	Continue o	on a further sheet if necessary

2. Give details of the work you have carried out to date, including all Counsel costs to date: Provide in chronological order the main steps of the case completed together with the time and costs spent in undertaking each step.			
Continue on a	further sheet if necessary		
3. Disbursements incurred to date:	,		
Provide details of all disbursements (use Section 2 for Counsel fees). (Please list by type of disbursement, i.e. interpreter, medical/expert repo	ort, travel).		
Continue on a	further sheet if necessary		
4. Give details of your work for which further legal aid is required, an costs and future disbursements required:	y further Counsel		
	foutbours about the		
Continue on a	further sheet if necessary		

5. Requested Disbursements.

Give details of your work for which further legal aid is required:

Please note: legal help & CLR profit costs limits and the **disbursement limits are exclusive of VAT**. For expert reports, please explain briefly:

- } How the report will help your client achieve a successful outcome with reference to the Home Office/Tribunal reasons for refusal/determination where applicable (a copy of the decision should be provided for reference).
- } Medical reports: whether your client has been diagnosed with a medical condition and whether you have obtained a report from their treating doctor and raised it with the Home Office.
- } Country Reports: whether you have considered the objective evidence and what specific aspects the expert will be asked to comment on.

Please complete the following	sections	where	applicable
Expert Reports			

Type of Report	Name of expert	Hourly rate to be charged £: p	Number of hours	Total requested £: p

Interpreters.

Language:			Region:		
Hourly rate for Attendance:	£	:	Total for Attendance:	£	:
Hourly rate for Travel:	£	:	Total for Travel:	£	:
Hourly rate for Waiting:	£	:	Total for Waiting:	£	:
			Travel costs:	£	:
Translation.			Total requested:	£	:
Rate per 1000 words:	£	:			
Rate per A4 page:	£	:	Total requested:	£	:

Declaration:			
I confirm that the details on this form are true to the best of my information and belief and that the work on this matter has been carried out in accordance with the contract specification and guidance.			
-	Print		
Signed:Accredited Advisor	_ name:	_ Date:/	
Accredited Advisor			
For Office Use Only	PA Ref:		
Amount requested: £			
Amount allowed: £			
Decision made by:		Date:	