

Solicitor's details

Name of Solicitor or Fellow of the Institute of Legal Executives instructed: _____

Address: _____

Postcode: _____

DX: _____ Solicitor's reference: _____

Telephone number: _____ Email address: _____

Case details

Main Offence: _____ Date offence committed: ____/____/____

Was counsel instructed? Assigned Yes No

Unassigned (maximum fee principle applies) Yes No

Does this claim cover more than one defendant? Yes No

4 If yes and your costs are not split equally, give the percentage proportion against each named defendant.

Was the defendant or any co-defendant charged with any indictable only offence?

Yes No

If so, please give the date the charge was laid and enclose the indictment with this claim: ____/____/____

Were any wasted costs orders made in this case? Yes No

4 If yes, please give details on page 6.

Case Disposal

Category 1 Guilty plea Uncontested breach Discontinuance/withdrawal
 Bind over Deferred sentence Change of solicitor hearing
 Warrant of arrest - date of issue ____/____/____

Category 2 Not guilty plea Cracked trial - date guilty plea indicated to solicitor ____/____/____
 Contested breach Discontinuance/withdrawal/bind over/no evidence offered after case fully prepared
 Mixed pleas

N.B. Where a case is sent to the Crown Court for trial, the Sending Hearing Fixed Fee may be claimed. Payment for all other work on a case sent to the Crown Court for trial must be submitted as part of any subsequent Crown Court claim.

Reason(s) for Non-Standard Fee Claim

4 Tell us why you are claiming a non-standard fee by ticking the box(es) that apply in this case

- Core costs exceed higher limit
- Enhanced rates claimed
- Counsel assigned
- Representation Order withdrawn on ____ / ____ / ____
- Extradition
- s.6(1) Committal (pre CPIA 1996)
- Other 4 give details

Claim details

1. Where applicable, give the approximate number of pages for:

prosecution evidence _____ defence statements _____

4 i.e. total number of pages of defence evidence including any statements by the defendant and defence witnesses

2. Number of defence witnesses _____

3. Does this bill represent a supplemental claim? Yes No

4 If yes, attach a copy of the previous claims

4. Was any preparation time spent watching/listening to taped evidence? Yes No

4 If yes, tell us the total running time of the tape(s) (hrs:min). _____

5. Has the case been remitted back to the Magistrates by the Crown Court? Yes No

If yes, please provide a copy of any related Crown Court claim and any notice of provisional assessment

Pre Order work

Are you claiming for any work which precedes the date of grant shown on the order?

Yes No

If yes, please give the date on which the application was received by the court:

____ / ____ / ____

Claim for costs

	Number	Costs £:p	
Letters written			
If enhanced rates claimed % uplift			
Total letters and costs			D
Telephone calls			
If enhanced rates claimed % uplift			
Total calls and costs			E
Solicitor's core costs (A+B+C+D+E)			

Disbursements	£ : p	Details (if car state mileage)
Travel (solicitor)		
VAT on travel		
Disbursements subject to VAT		
VAT		
Disbursements not subject to VAT		
TOTAL DISBURSEMENTS		

Is it a designated area?

Yes

No

The location of your office/the magistrates' court at which the work is carried out determines whether you claim the 'Designated Area Standard Fees' or the 'Undesignated Area Standard Fees' (as set out in the Standard Crime Contract 2022).

Relevant case information

Information given here may expedite payment. Please give details of any relevant factors in support of time spent on the case and details in support of a claim for enhanced rates. In addition, where relevant, please record when and why a number of linked cases are billed as one fee, or a number of linked cases are billed as separate fees.

If this claim is being submitted more than 3 months after the conclusion of the proceedings please provide details of the circumstances.

Solicitor's certification

I certify, on behalf of the payee, that the information provided is correct. This work has not been and will not be the subject of any other claim for remuneration from criminal legal aid.

Signed: _____ Date: ____ / ____ / ____
(A Solicitor or a Fellow of the Institute of Legal Executives)

Name: _____

Notice of application for review of assessment of costs

4 Please complete in block capitals

Provider Number:

--	--	--	--	--	--	--

I wish to apply for a review against the assessment of my costs

Signed: _____ Date: ____ / ____ / ____

Name: _____

Reasons for review

Please give details below of your objections to the assessment of your costs.
Please return your file of papers with this review notice, so that the Independent Costs Assessor can consider it at the review hearing, should it be necessary.

4 continue on a separate sheet if necessary