

**Controlled Work Application for Prior Authority – Instruct King’s Counsel, two Counsel or Disbursements above Prescribed Rates**

This form should be used in Standard Fee cases opened under the 2018 Standard Civil Contract, 2013 Standard Civil Contract, 2010 Standard Civil Contract or the Unified Contract to request prior authority to incur costs as above in Controlled Work matters. This form must be submitted to the Liverpool Office in advance of the requested work being commenced at the following email address: mhu-ec@justice.gov.uk.

For requests for KC/two counsel your form should be submitted to: contactECC@justice.gov.uk

**Provider Details**

Name of Provider: Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client's Details**

Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UFN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please confirm the nature of the extension request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Matter Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stage: LH/CLR \_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Case:**

Please provide a brief description of the case, clearly detailing the key factual and legal issues material to the application for prior authority. Please include an update of the case since the previous extension application if applicable. Where you are applying for KC/two counsel detail the exceptional complexity of the case that requires counsel.

**Request for Prior Authority**

Please detail all of the disbursements incurred to date clearly stating the value of each. Where you are requesting prior authority for KC/two counsel, please detail whether you want to instruct or brief counsel, and whether it is KC alone or with one junior or two juniors and why.

**Requested Disbursements**

**Please detail all of the disbursements you are requesting.**

Please provide details of why the particular disbursement you are requesting is required is required or why the Prescribed rates must be exceeded (or both if applying for both).

**Expert Reports & Counsel Time:**

Please provide details of expert reports and/or Counsel’s time that you are requesting below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Report | Name of Expert/Counsel | Hourly Rate to be Charged | Number of Hours Requested | Total Costs Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Provider 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.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**