



Legal Aid
Agency

Escape Case Claim Form- Crime Prison Law

Please tick if you are appealing provisional assessment

This form must be submitted to your processing office

Have you attached?

CRM1,2,3,4,5 & 11 (if applicable)?

Full File of Papers?

Disbursement Vouchers?

Summary of Claim

Client surname and initial: _____

Prisoner number: _____

UFN: /

Provider number:

Prison identifier:

Claim code:

Outcome code:

Profit Costs net: £ :

Travel net: £ :

Waiting net: £ :

Total net: £ :

Disbursements net: £ :

Date level of work closed: ____/____/____

Type of Claim:

Advice and Assistance:

Advocacy assistance:
(Discipline)

Advocacy assistance:
(Parole Board)

Advocacy assistance:
(Sentence)

Authorisation code (Treatment cases only)

Matter type:

:

VAT indicator:

Disbursements VAT: £ :

You must claim this case online prior to assessment.

Month claimed: ____/____

Provider Details

Provider Name: _____

Contact Name: _____

Address/DX: _____

Account number: _____

Tel Number: _____

Email address: _____

