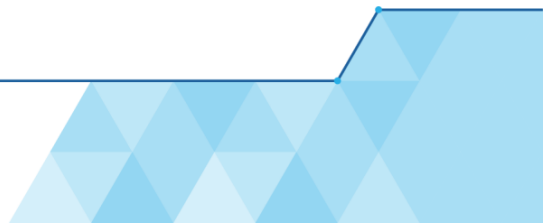




Ministry
of Justice

Cross-Examination Advocacy Scheme: CAS1 Form Completion Guidance



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1. Introduction

This document is intended to assist with the completion of the CAS1 form when claiming for payment for work undertaken under the Prohibition of Cross-Examination in Person Qualified Legal Representative Scheme.

For details on the scheme itself, please refer to the Statutory Guidance, which can be accessed here: [Qualified legal representative appointed by the Court: Statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/qualified-legal-representative-appointed-by-the-court-statutory-guidance)

For details on what you can be paid for work undertaken, please refer to the Claiming Guidance, which can be accessed here: [Qualified Legal Representative: Claiming guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/qualified-legal-representative-claiming-guidance)

2. Before Claiming Payment

Payments under the Prohibition of Cross-Examination in Person Qualified Legal Representative Scheme are administered by the Legal Aid Agency (LAA). In order to claim payment, you must have an account with LAA.

If you have an existing account as either a barrister, independent solicitor-advocate, or through a contracted solicitor firm with LAA, you must use that account number when claiming.

Detailed guidance on applying for an account with LAA are published here:

[Update your details with LAA - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/update-your-details-with-laa).

3. Completing the Form

All claims for payment must be made on form CAS1. You can access a copy of the CAS1 form here: [Qualified Legal Representative: Claiming guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/qualified-legal-representative-claiming-guidance)


The CAS1 form is an electronic, Excel-based form. You are required to complete any field marked as 'input required'. Completing this information allows the form to calculate the correct payable fee for your claim.

Any blue field on the form requires a free-text answer. Any green field must be selected from a drop down. Any grey field is not required.

If a field is mandatory, the form will flag it in red with the message 'input required'. If you make any errors or invalid combinations when completing the form, a comment will populate in the comments section next to that line.

Completing the form correctly first time helps us to pay your claim first time.

3.1. Section 1: Information on the Case


A	B	C	D	E
1	 Legal Aid Agency	CAS 1		
2				
3				
4				
5				
6				
7	Provider Name			Input required
8	Provider Account Number			Input required
9	Provider Reference			Input required
10	Client Name			Input required
11				
12	Court Case Number			Input required
13	Judge Level			Input required

Cross Examination | LAA office use only | (+)


Please complete the following information to help us identify your claim is correct.

This information should be completed on every claim.

- 1. Provider Name:** this must be your name as the Qualified Legal Representative.
- 2. Provider Account Number:** this must be your LAA account number.
- 3. Provider Reference:** this is your internal reference number.
- 4. Client Name:** this is the client's name.

	A	B	C	D	E
1	 Legal Aid Agency		CAS 1		
2					
3					
4					
5					
6					
7	Provider Name		Johnny Advocate		
8	Provider Account Number		012EY		
9	Provider Reference		123456		
10	Client Name		Jane Client		
11					
12	Court Case Number		Input required		
13	Judge Level		Input required		
<div style="display: flex; justify-content: space-between; align-items: center;"> Ready Cross Examination LAA office use only + </div>					

3.2. Section 2: Information on the Fixed Fee Claim

	A	B	C	D	E
1	 Legal Aid Agency		CAS 1		
2					
3					
10	Client Name		Input required		
11					
12	Court Case Number		Input required		
13	Judge Level		Input required		
14	Date of Hearing		Input required		
15	Proceedings type		Input required		
16	Type of Hearing		Input required		
17	If preliminary Hearing, what was the actual length (in minutes)		£		
18	If preliminary Hearing, what was the actual length (units)		£		
19	If Cross examination, did the hearing take place?		£		
20	If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?		£		
21	If Cross examination, how many days?		£		
22	Advocates Bundle		Input required		
23					

Please complete the following information so the form can calculate the fee payable for the work undertaken.

The following information must be completed in every case:

- 5. Court Case Number:** the unique case number assigned by the court.
- 6. Judge Level:** please select the most appropriate level of judge from the drop-down.
- 7. Date of Hearing:** the date the hearing took place (DD/MM/YYYY format).

The following warning note will appear where the hearing took place prior to 02/01/2024: "This submission predates the change of rules governing the claim of travelling expenses".

1	Legal Aid Agency		CAS 1	This submission pre dates the change of rules governing the claiming of travelling expenses	
2				Notification	Rates Applied
3				Comments	
4					
5					
6					
7	Provider Name	Johnny Advocate			
8	Provider Account Number	012EY			
9	Provider Reference	123456			
10	Client Name	Jane Client			
11					
12	Court Case Number	ABCDEFG			
13	Judge Level	Circuit or district			
14	Date of Hearing	01/01/2024			
15	Proceedings type			Input required	

8. **Proceedings Type:** please select the proceedings category the claim falls under from the drop-down.


9. **Type of Hearing:** please select if this was a preliminary hearing or hearing with cross-examination from the drop-down.

1	Legal Aid Agency		CAS 1		
2				Notification	Rates
3					
10	Client Name	Jane Client			
11					
12	Court Case Number	ABCDEFG			
13	Judge Level	Circuit or district			
14	Date of Hearing	21/07/2022			
15	Proceedings type	Private Family (Children)			
16	Type of Hearing	Preliminary hearing			
17	If preliminary Hearing, what was the actual length (in minutes)			Input required	
18	If preliminary Hearing, what was the actual length (units)			Input required	
19	If Cross examination, did the hearing take place?				
20	If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?				
21	If Cross examination, how many days?				
22	Advocates Bundle			Input required	
23					

The following information must be completed where you have selected the type of hearing as 'Preliminary Hearing'. Any box filled with grey should be left blank. The form will highlight if you complete any box in error.

10. **If preliminary Hearing, what was the actual length (in minutes):** the actual length of the hearing in minutes.

11. **If preliminary Hearing, what was the actual length (units):** the applicable hearing unit. Please select Hearing Unit 1 for a hearing under 60 minutes or Hearing Unit 2 for a hearing of 60 minutes or greater.


	A	B	C	D	E
1					
2			CAS 1		
3					Notification Rates
10		Client Name	Jane Client		
11					
12		Court Case Number	ABCDEFGH		
13		Judge Level	Circuit or district		
14		Date of Hearing	21/07/2022		
15		Proceedings type	Private Family (Children)		
16		Type of Hearing	Preliminary hearing		£
17		If preliminary Hearing, what was the actual length (in minutes)	301		
18		If preliminary Hearing, what was the actual length (units)	HU2 (Greater than 1 hour)		
19		If Cross examination, did the hearing take place?			
20		If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?			
21		If Cross examination, how many days?			
22		Advocates Bundle			Input required
23					

The following information must be completed where you have selected the type of hearing as ‘Hearing with Cross Examination’. Any box filled with grey should be left blank. The form will highlight if you complete any box in error.


12. If Cross examination, did the hearing take place?: please select ‘yes’ or ‘no’ from the dropdown.

13. If Cross Examination and no hearing took place, did you spend at least 30 minutes on this matter?: please select ‘yes’ or ‘no’ from the drop-down. This question is only required if you select ‘no’ to whether a cross examination hearing took place. If you selected ‘yes’ to this, you may leave this box blank.


14. If Cross examination, how many days?: please enter the number of days you attended the hearing, not including any days the hearing ran but you were not present. This question is only required if you select ‘yes’ to whether a cross examination hearing took place. If you selected ‘no’ to this, you may leave this box blank.

	A	B	C	D	E
1					
2			CAS 1		
3					Notification Rates
10		Client Name	Jane Client		
11					
12		Court Case Number	ABCDEFGH		
13		Judge Level	Circuit or district		
14		Date of Hearing	21/07/2022		
15		Proceedings type	Private Family (Children)		
16		Type of Hearing	Hearing with Cross Examination		£98
17		If preliminary Hearing, what was the actual length (in minutes)			
18		If preliminary Hearing, what was the actual length (units)			
19		If Cross examination, did the hearing take place?	Yes		
20		If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?			
21		If Cross examination, how many days?	2		
22		Advocates Bundle			Input required £0
23					

15. Advocates Bundle: please select 'yes' or 'no' from the drop-down if you are intending to claim an advocates bundle. If you leave this field blank, the form will act as if you are not claiming a bundle.

	A	B	C	D	E
1					
2					
3		Legal Aid Agency	CAS 1		
10		Client Name	Jane Client		Notification
11					
12		Court Case Number	ABCDEFG		
13		Judge Level	Circuit or district		
14		Date of Hearing	21/07/2022		
15		Proceedings type	Private Family (Children)		
16		Type of Hearing	Hearing with Cross Examination		
17		If preliminary Hearing, what was the actual length (in minutes)			
18		If preliminary Hearing, what was the actual length (units)			
19		If Cross examination, did the hearing take place?	Yes		
20		If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?			
21		If Cross examination, how many days?	2		
22		Advocates Bundle	ABP1		

3.3. Section 3: Travel, Accommodation and Other Expenses

	A	B	C	D	E	F
1						
2						
3		Legal Aid Agency	CAS 1		Notification	Rates Applied
24		Driving mileage (number of miles travelled)				£0.00
25		Starting postcode				
26		Destination postcode				
27		Public transport (amount paid £)				£0.00
28		Accommodation (approx number of miles from base office)				
29		Accommodation (number of nights)				
30		Accommodation (amount paid £)				£0.00
31		Subsistence (amount paid £)				£0.00
32		Number of hearing days				
33		Out of pocket expenses (amount paid £)				£0.00
34						

Please complete the following information so the form can calculate the fee payable for any expenses.

The following information must be completed where you wish to claim expenses:

16. Driving mileage (number of miles travelled): please confirm the number of miles driven where you have travelled to court by car.

17. Starting postcode: the postcode of your office or chambers.


18. Destination postcode: the postcode of the court.

19. Public Transport (amount paid £): Please confirm the total amount of the ticket/s where you have travelled to court via public transport.


20. Accommodation (approx. number of miles from base office): Please confirm how many miles away the accommodation is from your office or chambers.

21. Accommodation (number of nights): Please confirm how many nights were spent in accommodation.

22. Accommodation (amount paid £): Please confirm the amount paid for accommodation. An error message will appear where the amount claimed is above the maximum permitted (£100 per night).

	A	B	C	D	E	F	H	I
1								
2								
3		Legal Aid Agency	CAS 1					
					Notification	Rates Applied		Comments
24		Driving mileage (number of miles travelled)	200			£90.00		
25		Starting postcode	BS1 2FG		Input required			
26		Destination postcode	CF23 6BT		Input required			
27		Public transport (amount paid £)	£0.00			£0.00		
28		Accommodation (approx number of miles from base office)	100					
29		Accommodation (number of nights)	1					
30		Accommodation (amount paid £)	£101.00		Error	£100.00		Claim limited based on the number of miles and/or nights entered.
31		Subsistence (amount paid £)				£0.00		

23. Subsistence (amount paid £): Please confirm the total amount of subsistence costs. An error message will appear where the amount claimed is above the maximum permitted (£21 per night).

	A	B	C	D	E	F	H	I
1								
2								
3		Legal Aid Agency	CAS 1					
					Notification	Rates Applied		Comments
24		Driving mileage (number of miles travelled)	200			£90.00		
25		Starting postcode	BS1 2FG		Input required			
26		Destination postcode	CF23 6BT		Input required			
27		Public transport (amount paid £)	£0.00			£0.00		
28		Accommodation (approx number of miles from base office)	100					
29		Accommodation (number of nights)	1					
30		Accommodation (amount paid £)	£100.00			£100.00		
31		Subsistence (amount paid £)	£22.00		Error	£21.00		Maximum subsistence is £21 per night linked to accommodation
32		Number of hearing days						

24. Number of hearing days: Please confirm the number of days the hearing lasted. Please enter the number of days you attended the hearing, not including any days the hearing ran but you were not present.

25. Out of pocket expenses (amount paid in £): Please confirm the total amount of 'out of pocket' expenses. An error message will appear where the amount claimed is above the maximum permitted (£40 per day).

	A	B	C	D	E	F	H
1							
2			CAS 1				
3						Notification Rates Applied	Comments
24		Driving mileage (number of miles travelled)	200			£90.00	
25		Starting postcode	BS1 2FG		Input required		
26		Destination postcode	CF23 6BT		Input required		
27		Public transport (amount paid £)	£0.00			£0.00	
28		Accommodation (approx number of miles from base office)	100				
29		Accommodation (number of nights)	1				
30		Accommodation (amount paid £)	£100.00			£100.00	
31		Subsistence (amount paid £)	£21.00			£21.00	
32		Number of hearing days	2				
33		Out of pocket expenses (amount paid £)	£81.00		Error	£80.00	Maximum allowance is £40 per hearing day


Please note evidence of travel, accomodation and expenses should also be submitted with this claim.

3.4. Section 4: Total Claim and VAT

	A	B	C	D	E	F
1						
2			CAS 1			
3						Notification Rates Applied
13		Judge Level	Circuit or district			
14		Date of Hearing	02/01/2024			
15		Proceedings type	Private Family (Children)			
16		Type of Hearing	Hearing with Cross Examination			£982.64
17		If preliminary Hearing, what was the actual length (in minutes)				
18		If preliminary Hearing, what was the actual length (units)				
19		If Cross examination, did the hearing take place?	Yes			
20		If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?				
21		If Cross examination, how many days?	2			
22		Advocates Bundle	none			£0.00
24		Driving mileage (number of miles travelled)	200			£90.00
25		Starting postcode	BS1 2FG		Input required	
26		Destination postcode	CF23 6BT		Input required	
27		Public transport (amount paid £)	£0.00			£0.00
28		Accommodation (approx number of miles from base office)	100			
29		Accommodation (number of nights)	1			
30		Accommodation (amount paid £)	£100.00			£100.00
31		Subsistence (amount paid £)	£21.00			£21.00
32		Number of hearing days	2			
33		Out of pocket expenses (amount paid £)	£80.00			£80.00
35		Total Claim (Net)	£1,273.64			
36		VAT			Input required	
37		Total	£1,273.64			
38						
39		Provider Certification				

Section 3 will autocomplete based on how you answer the questions in Section 2 and 3.

26. Total Claim (Net): please check this fee has calculated accurately. The expenses claimed in Section 3 will only be included in the Total Claim where the hearing was heard on or after 02/01/2024.

	A	B	C	D	E	F
1	 Legal Aid Agency		CAS 1 Notification Rates Applied			
2						
3						
13	Judge Level	Circuit or district				
14	Date of Hearing	01/01/2024				
15	Proceedings type	Private Family (Children)				
16	Type of Hearing	Hearing with Cross Examination				£982.64
17	If preliminary Hearing, what was the actual length (in minutes)					
18	If preliminary Hearing, what was the actual length (units)					
19	If Cross examination, did the hearing take place?	Yes				
20	If Cross examination and no hearing took place, did you spend at least 30 minutes on this matter?					
21	If Cross examination, how many days?	2				
22	Advocates Bundle	none				£0.00
23						
24	Driving mileage (number of miles travelled)	200				£0.00
25	Starting postcode	BS1 2FG			Input required	
26	Destination postcode	CF23 6BT			Input required	
27	Public transport (amount paid £)	£0.00				£0.00
28	Accommodation (approx number of miles from base office)	100				
29	Accommodation (number of nights)	1				
30	Accommodation (amount paid £)	£100.00				£0.00
31	Subsistence (amount paid £)	£21.00			Error	£0.00
32	Number of hearing days	2				
33	Out of pocket expenses (amount paid £)	£80.00				£0.00
34						
35	Total Claim (Net)		£982.64			
36	VAT				Input required	
37	Total		£982.64			
38						

27. VAT: please select 0% or 20% as the applicable VAT rate for the claim.

28. Total: please check this total gross figure has calculated accurately.

4. Submitting the Form

Once completed, the form should be emailed along with any supporting evidence to: CrossExamination@justice.gov.uk

Forms will only be accepted electronically, any copy forms that are submitted to LAA physically will be securely destroyed without consideration.

5. Contact Us

If you have any technical issues with the form, or do not believe the fee it is generating is correct, please contact us by email at CrossExamination@justice.gov.uk

If you have questions on the scheme itself, these should be submitted directly to Ministry of Justice at QLR-crossexam@justice.gov.uk