

# Infected Blood Interim Payments to Estates: Legal Costs Application Form

October 2024, Version 1

#### Who this form is for

You may use this form to claim back the legal fees you paid as part of your infected blood interim estates payment application. This includes:

- The actual cost of your legal fees towards the cost of applying for a grant of probate or confirmation up to a maximum of £1,500
- The court fee for obtaining a grant of probate, confirmation or Letters of Administration (exact amount).

You can only claim for legal costs after your claim for compensation has been accepted by an Infected Blood Support Scheme.

You can only claim for reimbursement of your costs once your legal representative has been paid.

Check your eligibility, view guidance and find further information on support available to complete this form at www.gov.uk/infected-blood-compensation-estates.

# What you need before you apply

Receipt of payment of your court fee to obtain probate (England, Wales and Northern Ireland) confirmation (Scotland) or Letters of Administration.

Your proof of payment of legal services, such as an invoice from your legal representative and confirmation of payment.

# **Q1 - Your information**

This section should be completed by the person who has paid for legal support to obtain probate, confirmation or Letters of Administration.

Q1.1 Your Reference Number		
Application Reference Number - you can find this on your compensation decision letter		
Q1.2 Personal details		
Title - For example Mr,	Mrs, Miss, Ms.	
First same		
First name		
Middle name(s)		
Last name		
Q1.3 Your home addre	ess	
House number / name		
Street name		
Town / City		
County		
Postcode/Zip Code		
Country	For example United Kingdom	

# Phone Number 1 Phone Number 2 provide an alternative telephone number if you have one Email address

#### Q1.5 How you'd like to be contacted

Post - sent to the postal address given in Q1.3

**Email** 

# Q2: Information about your legal representative

Provide details of the legal representative used to obtain probate, confirmation or Letters of Administration.

Q2.1 Professional Registration Number or Roll Number (in Northern Ireland)		
Your Solicitor should be able to provide you with this information.		
Q2.2 Personal details:		
If more than one legal representative assisted with your case, provide the name of your primary legal representative.		
Title - For example Mr, Mrs, Miss, Ms.		
First name		
Middle name(s)		
Last name		
Q2.3 Your legal representative's business information		
Name of Business		
Business Reference Number		
By reference number, we mean the reference number provided by your legal		
representative to communicate with you as part of your application.		
Leave blank if not known.		

## **Q2.4 Your legal representative's business address**

Number / name		
Street name		
Town / City		
County		
Postcode/Zip Code		
Country		
	For example United Kingdom	
Q2.5 Your legal representative's preferred contact information		
Phone Number 1		
Phone Number 2		
	provide an alternative telephone number if you have one	
Email address		

### **Q3 - Supporting documents**

You can claim for both or one of the following expenses:

#### Q3.1 Claimable expenses

Are you claiming for legal expenses related to applying for probate or confirmation up to a value of £1,500

Yes

No

**If yes, confirm** you have enclosed the itemised invoice for legal services from your legal representative and confirmation of payment from your legal representative.

enclosed itemised invoice

enclosed proof of payment such as an itemised receipt from your legal representative.

Are you claiming for the cost of your grant of probate, confirmation or letters of administration?

Yes

No

**If yes, confirm** you have enclosed your receipt from obtaining probate, confirmation or Letters of Administration.

#### **Q4** - Declaration

Before submitting your application, please read and sign the following declaration.

By signing this form I confirm that the information contained within the form is true to the best of my knowledge and that if I knowingly authorise false information this may result in criminal prosecution and the repayment of funds. I understand that my information may be shared with the Infected Blood Support Schemes and the NHS Counter Fraud Authority, NHS Scotland Counter Fraud Services and HSC Counter Fraud and Probity Service for the purpose of verification of this claim and for the investigation and prevention of fraud.

Signature:	
Date (DD/MM/YYYY):	

#### Where to send this form

Once you have completed a successful application please send this form and copies of relevant invoices via 'signed for delivery' to the Infected Blood Support Scheme who processed your claim for compensation.

- England: IBIEPS, PO Box 1390, 152 Pilgrim Street, NEWCASTLE UPON TYNE, NE99 5FP
- Wales: WIBSS, 4th Floor, Companies House, Crown Way, Cardiff, CF14 3UB
- Scotland: SIBSS, NHS National Services Scotland, Gyle Square,
   1 South Gyle Crescent, Edinburgh, EH12 9EB
- Northern Ireland: IBPS NI, Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ

#### What happens next

The Infected Blood Support Scheme which processed your application will send you confirmation that your form has been received via email or letter, depending on your communication preferences.

#### Your personal information, and how we treat it

We will treat your personal information carefully, and will use it for the purposes of processing your application form, making your compensation payments and for checking you have not made a similar application to another UK scheme.

To learn about your information rights and how we use it, please visit the website of the IBSS you are sending your application to.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> England: <a href="https://www.nhsbsa.nhs.uk/our-policies/privacy/england-infected-blood-support-scheme-privacy-notice">https://www.nhsbsa.nhs.uk/our-policies/privacy/england-infected-blood-support-scheme-privacy-notice</a>

Scotland: <a href="https://www.nss.nhs.scot/publications/practitioner-services-directorate-and-primary-care-contractor-finance-data-protection-notice/practitioner-services-directorate-and-primary-care-contractor-finance-data-protection-notice/">https://www.nss.nhs.scot/publications/practitioner-services-directorate-and-primary-care-contractor-contractor-finance-data-protection-notice/</a>

Wales: https://wibss.wales.nhs.uk/privacy-policy/#:~:text=The%20personal%20data%20we%20process&text=Date%20of%20birth,people%20all%20of%20time