**High Cost Family submission cover sheet** to be emailed to [highcostfamily@justice.gov.uk](mailto:highcostfamily@justice.gov.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate reference | |  | |
| Firm name | |  | |
| Client first name |  | Client surname |  |
| Client DOB | |  | |
| Proceeding type (please mark all that apply) | | Care/ supervision  Private Law Children/ Financials  Wardship/Inherent Jurisdiction  Child Abduction/ Forced Marriage/FGMO  Trust of Land Act  Other | |
| Date of high cost registration (if known) | |  | |
| Current cost limitation £ | |  | |
| Is there prior authority for KC/2 JC?  *If so, please attach a copy of the specific provider ad hoc notification* | | Yes  No | |
| Type of submission | | Choose an item. | |

With any submission/ enquiry please attach a copy of your funding certificate to save requests for further information. Attached  Not available

**New registrations:**

|  |  |
| --- | --- |
| Are you seeking CCFS or hourly rates? | CCFS  Hourly Rate |
| If this is a Single Counsel Care case and you are seeking exceptional hourly rates please complete and attach the Exceptional Request Form (see appendix 1) | |

**Case plan submissions – please confirm you have attached:**

|  |  |
| --- | --- |
| Type of case plan: | Hourly rates  Interim CCFS  Final CCFS |
| Case plan for processing  Signed contract  Counsel Acceptance Forms | Yes  Yes  Yes  Not required as FAS |
| *Extra supporting docs (except for interim CCFS matters):* | |
| Counsel fee notes:  Disbursement vouchers:  Final FAST checklist documents: | Yes  No  Not applicable  Yes  No  Not applicable  Yes  No  Not applicable |
| Most recent approved case plan (if applicable) | |
| Most recent provider note (if you have this available) | |

**Scope amendments – please confirm you have attached:**

|  |  |
| --- | --- |
| App 8 for processing |  |
| LASPO gateway evidence  Listing of final hearing  Current statement of case  Supporting expert reports/ assessments | Yes  No  Not applicable  Yes  No  Not applicable  Yes  No  Not applicable  Yes  No  Not applicable |

**Appendix 1 – Exceptional Request Form**

**High Cost Family Team - Exceptional Hourly Rate Request Form**

|  |  |  |
| --- | --- | --- |
| Certificate Reference |  | |
| Client Name |  | |
| Provider Name |  | |
|  | | |
| Level of court currently dealing with case |  | |
| Level of court case expected to conclude |  | |
| High cost registration date (or request date if it has not been authorised yet) |  | |
| Number of hearings & Advocates Meetings **up to** registration date | Hearings | Advocates meetings |
|  |  |
| Number of hearings & Advocates Meetings predicted **after** registration date | Hearings | Advocates meetings |
|  |  |
| Number of main hearing days (eg Fact Finding/ Final/ composite) **up to** registration date |  | |
| Number of main hearing days (eg Fact Finding/ Final/ composite) predicted **after** registration date |  | |
| Number of pages in court bundle to date |  | |
| Predicted court bundle size |  | |
|  |  | |
| **Hourly rate figures** | **Current firm** | **Previous firm**  (If applicable) |
| Level of enhancement to be applied % |  |  |
| Pre-registration date profit costs including enhancement |  |  |
| Pre-registration date counsel fees |  |  |
| Pre-registration date disbursements and expert fees |  |  |
| Pre-registration total |  |  |
| Predicted **future** profit costs |  |  |
|  |  | |
| **CCFS figures** | | |
| Pre-registration CCFS calculation |  | |
| Predicted future CCFS calculation |  | |
|  |  | |
| **Exceptional justification (what facts about this case make it exceptional?) Please provide brief details.**  Examples of factors to demonstrate can be found in paragraph 11 of https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/1105896/17.\_hcf\_family\_cases\_full\_case\_planning\_information\_pack\_v2.pdf | | |
|  | | |