**High Cost Family submission cover sheet** to be emailed to 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 processingSigned contractCounsel 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 evidenceListing of final hearing Current statement of caseSupporting 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 |
|  |