**PROTECT - PERSONAL INFORMATION**

CRM4 : Application for Prior Authority to Incur Disbursements in Criminal Cases

**Applications for prior authority can not be less than £100.00 (exclusive of VAT)**

**For guidance relating to Prior Authorities please see the Crime Contract**

**For guidance relating to Prior Authorities please see Section 4 of the Criminal Bills Assessment Manual**

Is the total authority for which you are applying more than or equal to £100?

Is your application in relation to a Post Mortem examination?

# Firm's Details

Name of Firm Address / DX

Provider Number Account No.

Tel. No Contact Name

# Solicitor's Details

Name of Solicitor or Fellow of the Institute of Legal Executives instructed

Solicitor's reference

# Client's Details

Is this a Prison Law matter?

Rep order no.

/ case no.

Date of Rep order

UFN

Surname Date Of Birth

# Details of Proceedings

Is Your Client Detained?

MAAT number Forename

If Yes, please advise where

Court Type

Have you accessed the Psychiatric Liaison Service provided within the Central Criminal Court?

If no, please provide a reason for not doing so

Main Offence

Likely or Actual Plea

Date of Next Hearing

Purpose of Next Hearing

# POCA

Is this case subject to POCA?

# Expenditure Details

Type of Expenditure (e.g. Medical Report)

Have you already been granted Prior Authority for this case under the same category of expenditure?

Name of Expert Company Name

Type / Status of Expert

Postcode of Expert

Please enter the district section of the postcode. For example, if the postcode is E1 1AA, enter E1

# Preparation

Preparation Hours Hourly Rate

Total

# Additional Expenditure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Justification** | **Quantity** | **Rate** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |

**Travel**

No. of Hours Hourly Rate

Total Cost of Travel

# Authority

Total Authority

 **I certify that the total amount disclosed for this authority (including both preparation and travel rates) is exclusive of VAT**

 **I certify that the total amount disclosed for this authority (including both preparation and travel rates) does not include any travel expenditure that is not included within the hourly rate (such as mileage, parking, travel fares etc.)**

# Alternative Quotes

Have you obtained any alternative quotes?

If none, please provide a reason for not getting alternatives

# Prior Authority Details

* You will need to establish that the steps are necessary for the proper conduct of the proceedings and that the amount to be incurred is reasonable.

Tell us what authority you are seeking and why it is required. If you wish to obtain a medical report, state whether as to fitness to plead and/or plea and/or disposal.

Give a brief summary of the prosecution case. You may attach the copy advance disclosure or extracts.

Give a summary of the defence or mitigation. Attach a copy of your client's statement and details of any previous convictions, if available.

# Additional Information

Please include any additional information pertinent to this submission or use to complete entries where there wasn't sufficient room for your answer. (Please show clearly what these details relate to on the form).

# Solicitor's Certification

 **I certify that the information provided is correct.**

Signed:

Name

Date