

Application for extension of Upper Limit

CDS5

This form must be submitted to your processing office

☐ Please tick if you are requesting a review

Please insert your firm's name and DX/Address in this box, for mailing purposes.
If address is not in this box, we cannot return this form.

Supplier Number:

Client Name: _____

UFN:

Urgency i.e. Need for authority within 72 hours Yes ☐ No ☐

If yes, reason for urgency e.g. new evidence served late - close to Parole hearing:

Costs incurred to date: £ _____ :

Additional monies requested on this extension: £ _____ :

Total financial limit: £ _____ :

Has a previous application for an extension been made? Yes ☐ No ☐

If yes, please attach previous copies and decisions.

If no, please attach copies of CDS1, 2 or 3.

Level of work

☐ Advice and Assistance

☐ Advocacy Assistance

Class of Work

☐ Criminal Investigations

☐ Criminal Proceedings

☐ Appeals and Reviews

☐ CCRC

☐ Prison Law

Court of Appeal Funding

1. Have you approached the Court of Appeal for any funding in this matter?

Yes ☐

No ☐

If yes, please advise what funding has the Court granted or, if the Court has refused funding, the reason for refusal.

2. Does the client have the benefit of any Court of Appeal Representation Order, even if such an order does not cover work by solicitors?

Yes ☐

No ☐

Details of work completed

Please give details of work that has been completed to date:

Details of application

Please explain what additional work is to be carried out and explain how this is necessary to the progress of the case and/or the benefit of the client.

Details of application cont

Please provide a detailed breakdown of costs required for this extension, including hourly rate.

Summary of case history

Declaration

I confirm that the details on this form are true to the best of my knowledge and belief and that the work on this matter has been carried out in accordance with the Contract Specification.

Signed: _____

Solicitor or Category Supervisor

Date: _____

For office use only

Granted to: _____

Refused or partially granted (give reason): _____

Date: _____

Notice of application for review of refusal to extend Upper Limit

Supplier Number:

I wish to apply for a review against the refusal to extend the upper limit

Do you wish to attend? ☐ **Yes** ☐ **No**

Request Venue/Office _____

Signed: _____ Date: ____/____/____

Name: _____

Reasons for review

Please give details below of your reasons for requesting a review:

4 continue on a separate sheet if necessary