

Imm Standard Fee Scheme Application for extension of Disbursement Limit

This form should be used in Standard Fee matters to request an extension of the Legal Help or CLR Disbursement limits. Please refer to paragraph 8.69 of both the 2024 and the 2018 Standard Civil Contract (SCC), paragraph 8.70 of the 2013 SCC, paragraph 8.77 of the 2010 SCC and 11.67 of the Unified Contract Civil Specification. This form must be submitted to the Liverpool Office in advance of the requested work being commenced. Email: cw3@justice.gov.uk

Provider Details								
	Name of Provider: Account Number: Provider address:							
		ephone:						
Client's D	etails							
		Home offi						
Client's DoB:	/ LH	I Start Date: <i>I</i>	_ / CLR Start Date	e: / /				
Client's Full F	ull Post Code: Nationality:							
Please confirm the nature of the extension request: Matter Type: Asylum Non - Asylum Matter: Legal help CLR								
Summary of Case: Please provide a brief description of the case, clearly detailing the key factual and legal issues material to the client's application/appeal. Please include an update of the case since the previous extension application if applicable.								
Please note: Legal Help and CLR limits are exclusive of VAT.								
	Amount incurred to date	New limit requested	Current limit	PA ref (if current limit above standard)				
Disbursement limit	£	£	£					

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Please detail all of the disbursements incurred to date clearly stating the value of each (please indicate whether they have been incurred under legal help or CLR). Requested Disbursements Please detail all of the disbursements you are requesting. Please note legal help & CLR profit costs limits and the disbursement limits are exclusive of VAT. For expert reports, please explain briefly: Year they have been incurred to the disbursement limits are exclusive of VAT. For expert reports, please explain briefly: Year they have been dispurate to the Home of Office. Thousand reasons for refusal/determination where applicable (a copy of the decision should be provided for reforence). Year they have been diagnosed with a medical condition and whether you have obtained a report from their treating doctor and raised it with the Home Office. Country Reports: whether you have considered the objective evidence and what specific aspects the expert will be asked to comment on. Please complete the following sections where applicable:			01110				
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Provider Declaration: I confirm that the details on this form are true to the best of my information and belief and that the work on this matter has been carried out in accordance with the contract specification and guidance.							
Signed:Accredited Advisor	Print _ name:	/ Date:/					
Please confirm the requested Disbursement Limit(s) PA Ref:							
Limit Requested £	Limit Allowed (for LAA use	Limit Allowed (for LAA use only) £					
LAA Decision Maker:		Date://					