



Legal Aid
Agency

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: _____
DX: _____ Telephone: _____ Email: _____

Client's Details

Client's Name: _____ Home office UCN: _____
Client's DoB: ____/____/____ LH Start Date: ____/____/____ CLR Start Date: ____/____/____
Client's Full 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	£	£	£	

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:

- } How the report will help your client achieve a successful outcome with reference to the Home Office/Tribunal reasons for refusal/determination where applicable (a copy of the decision should be provided for reference).
- } Medical reports: whether your client has 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:

Expert Reports

Type of Report	Name of expert	Hourly rate to be charged £ : p	Number of hours	Total requested £ : p

Interpreters.

Language: _____

Region: _____

Hourly rate for Attendance: £ :

Total for Attendance: £ :

Hourly rate for Travel: £ :

Total for Travel: £ :

Hourly rate for Waiting: £ :

Total for Waiting: £ :

Travel costs: £ :

Total requested: £ :

Translation.

Rate per 1000 words: £ :

Total requested: £ :

Rate per A4 page: £ :

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: _____ Print name: _____ Date: ____/____/____
Accredited Advisor

Please confirm the requested Disbursement Limit(s)

PA Ref: _____

Limit Requested £ _____ Limit Allowed (for LAA use only) £ _____

LAA Decision Maker: _____ Date: ____/____/____