



Legal Aid  
Agency

# CRM5

## Application for extension of Upper Limit

Email this form to: [crm5applications@justice.gov.uk](mailto:crm5applications@justice.gov.uk)

### Client details

Client Name: \_\_\_\_\_

UFN: 

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### Provider details

Provider Name: \_\_\_\_\_

Provider Account number: 

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Provider Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Case details

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

**If yes, please tell us the reference \_\_\_\_\_ and attach previous copies and decisions.**

**If no, please attach copies of CRM1, 2 or 3.**

Has there been a previous appeal of a CRM5 decision? Yes ☐ No ☐

**If so, please attach**

**Case details continued****Level of work**☐ Advice and Assistance☐ Advocacy Assistance**Class of work**☐ Criminal Investigations☐ Criminal Proceedings☐ Appeals and Reviews☐ CCRCIs this application related to a second post-mortem? Yes ☐ No ☐Has the client received advice and assistance in the last 6 months? Yes ☐ No ☐**If yes, attach details or explain here:****Court of Appeal funding**

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:

## Cost details

### Accrued costs

Category	Time	Hourly Rate	Cost
Travel			
Waiting			
Attendance			
Preparation			
Advocacy			
Letters			
Calls			

Category	Cost
Mileage	
Experts	
Counsel	
Other Disbursement	

Category	Time	Hourly Rate	Cost
Pre-Charge Engagement			

### Requested costs

Category	Time	Hourly Rate	Cost
Travel			
Waiting			
Attendance			
Preparation			
Advocacy			
Letters			
Calls			

Category	Cost
Mileage	
Experts	
Counsel	
Other Disbursement	

Category	Time	Hourly Rate	Cost
Pre-Charge Engagement			

Total costs accrued to date	Total costs requested	New limit request

## Conviction details

Date of conviction \_\_\_\_\_

Date of sentence \_\_\_\_\_

Sentence length \_\_\_\_\_

Offence convicted of \_\_\_\_\_

## Potential grounds of appeal

Please provide your potential grounds for appeal.

## Previous advice on appeal from trial solicitor

Have you received previous advice on appeal from the trial solicitor?

Yes ☐

No ☐

If yes, please attach the advice or explain here:

**Details of work completed**

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

**Details of work requested**

Please explain what additional work is to be carried out and explain how this is necessary for either the progress of the case or the benefit of the client, or both:

## How sufficient benefit test is met

Please explain how the sufficient benefit test is met:

## Summary of case history

Please give a summary of the case history and any further information to support your application.

**Only applicable for advocacy assistance**

Date of representation order: \_\_\_\_\_

MAAT number: \_\_\_\_\_

Type of proceedings: \_\_\_\_\_

Date of next hearing: \_\_\_\_\_Has Counsel been instructed?      Yes ☐      No ☐**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: \_\_\_\_\_