



Legal Aid Agency

Guidance for SaBC Claims

Version	Issue date	Last review date	Owned by	Amendments
1	November 2025	N/A	Service Development	N/A
2	November 2025	13 th October 2025		Changes made to Annex G (pages 59-62) to clarify that: 1 MT1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Should be used with the following domestic

			abuse proceedings fee codes: FVP021, FVP041, FVP031, FVP051, FVP061, FVP081, FVP071, FVP091 and 2 MT1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Should be used with the following private law family children and fee codes: FVP020, FVP040, FVP030, FVP050, FVP050, FVP060, FVP090, FVP070, FVP080
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Glossary of terms

In this document, the following expressions have the following meanings:

“Access Point” means a smaller area within a Procurement Area to which the same obligations under the 2024 Standard Civil Contract Specification apply as to the Procurement Areas. Unless otherwise stated Access Points apply solely to the Immigration and Asylum Category of Law and should be reported when submitting claims relating to either Detained Duty Advice Scheme or Detained Asylum Casework.

“Completed Claim” refers to a claim when a case is concluded. This should indicate the outcome of the substantive matter achieved under Controlled Work.

“Escape Fee cases” are matters which would normally be paid under a Standard Fee but due to the level of profit costs incurred exceeding the relevant “Escape Fee Case Threshold”, are instead paid under Hourly Rates. Providers are required to apply to the LAA for their Claim to be treated as an Escape Fee Case, on a form specified by us.

“Exceptional Case” refers to a funded case which ordinarily would be outside of the scope of legal aid, relating to civil legal services other than those described in Part 1 of Schedule 1 to the Act, which are provided to an individual in accordance with section 10 of the Act.

“Fee Code” refers to the relevant code(s) that a provider is required to report in the Submit A Bulk Claim database to ensure that Controlled Work is paid correctly.

“Matter Start / New Matter Start” means the authority to start a Controlled Work case for a Client in accordance with the rules set out in the 2024 Standard Civil Contract General and Category Specifications

“Matter Type 1 code (MT1)” is the code that must be used to report the issue in the case that reflects the most significant legal issue dealt with during the case.

“Matter Type 2 code (MT2)” is the code that must be used to describe the status of the main person involved in the case (usually the client). In some cases, it may describe the opponent in the case. It relates to the main legal issue (described in Matter Type 1) prior to that issue being resolved or in any way addressed.

“Office Account Number” The unique reference for a provider’s office.

“Office Schedule Number” number that the Submit a Bulk Claim application uses to identify which schedule a provider is reporting work against

“Outcome Code” refers to the outcome of the matter for the client, at the point in time that the claim is made.

“Procurement Area” means a geographical area specified by us under Paragraph 1.20 of the General Specification to the 2024 Standard Civil Contract or your Schedule for which we have issued you with Matter Starts.

“Stage Claim” refers to an interim Immigration claim reported where the overall matter is not yet completed

“Stage Disbursement Claim” refers to an interim claim for Disbursements in the Education, Mental Health or Immigration category.

“Stage Reached Code” refers to the stage that the matter has reached at the point in time that the claim is made. Different Stage Reached codes are available not only across different categories but also across different claim types e.g. Stage Claim and Completed Claims.

“Submit A Bulk Claim” The interim billing application that enables providers to submit monthly Controlled Work submissions for their Crime and Civil (including Family Mediation) work.

Section A – General Guidance

This document contains guidance on the fields and codes that must be completed by providers when submitting bulk claims for Controlled Work via the 'Submit a Bulk Claim' application.

1. General guidance on reporting

- 1.1 Completed matters and new matter starts must be reported monthly. All matters must be reported within six months of being completed - see paragraph 4.40 of the General Specification to the 2024 Standard Civil Contract. Completed matters should be reported using the relevant codes, please refer to Section B of this document for the category specific guidance on inputting these codes. Use of the incorrect codes may lead to a claim being rejected.
- 1.2 Where the client is willing to provide information about their ethnic origin and disability it is compulsory to report this. The information will be used to monitor and research access to LAA funded services in line with our commitment to promoting equal opportunities. This information will be treated confidentially in accordance with all applicable data protection legislation. If the details are not provided, you must select the 'unknown' option for these fields.
- 1.3 Events constituting the completion of a matter are defined in paragraph 3.64 of the General Specification to the 2024 Standard Civil Contract Specification.

2. Reporting Submissions for Controlled Work

- 2.1 Completed matters and new matter starts (NMS) should be reported using the Submit a Bulk Claim application. SaBC is a new interim application which allows legal aid providers to submit all bills for crime lower and civil controlled work (including family mediation) under their current contract and replaces the billing functionality of Controlled Work Administration (CWA). Providers will also be able to view submissions that had previously been uploaded to the application as well as view any errors or warnings related to their submission. Claims for SaBC can only be submitted by a bulkload spreadsheet which can be found [here](#).
- 2.2 SaBC introduces new fee codes for all civil categories of law. The fee codes have been developed to capture, as far as possible, information that relates to the fee calculations previously used in the old CWA reporting system.
- 2.3 For most of the civil categories of law, there is a single fee code that providers will be required to report in the system to generate payment of each claim. However, in the Family, Immigration and Asylum, Mediation and Mental Health categories of law there are additional fee codes that must be selected. This is to ensure that all fee combinations available under those categories are captured. Further detail on the relevant civil fee codes is set out in Section B in the relevant category specific Annex.
- 2.4 The deadline for electronic submissions is the 20th of the month. You should only report matters that have been concluded by the end of the previous calendar month. For example March submissions should be reported no later than the 20th April.

Contract payments depend on the timely reporting of your submissions. **Failure to do so may lead to a delay in your monthly contract payments being made.**

3. How to make claims for Controlled Work via the SaBC Application

- 3.1. For details on how to access and submit claims into the SaBC system is provided in the technical SaBC system user guidance [here](#).

Completing a Bulk Upload

- 3.2 For details on how to complete the SaBC bulk upload spreadsheet please download the submitting bulkload spreadsheet guidance [here](#).

4. Generic fields to be completed when reporting via the Submit a Bulk Claim application

4.1 Summary/Heading Fields:

- 4.1.1 The LAA requires the following information about your claims for Controlled Work: These fields apply to all categories of law.

- 4.1.2 The following information should be entered onto the first page of the Bulkload spreadsheet. If you are using a case management system you will also need to enter certain header information. Contact your software vendor if you are unsure how to do this.

Field	Use	Format
Provider Number	This refers to your LAA Office Account Number	Alphanumeric e.g. 0A000B
Month	This must be completed in the format MMM, for example February should be recorded as FEB.	MMM
Year	This must be completed in the format YYYY e.g. 2024	YYYY

5. Generic and category specific fields

- 5.1 SaBC (including the Bulkload spreadsheet) contain a mix of reporting fields; some are applicable to all categories, whilst others are only available in specific categories or in relation to particular types of claim. The table below confirms which fields are applicable to all categories and which are only relevant to specific ones. The following fields should be completed when submitting claims on the system.

Submit a Bulk Claim Database Reference Field	Description/ Use	Format	Applicable Civil Category
Case start date	The start date for the legal aid case. This will form part of the UFN. This date will be the date the matter opened. This will usually be the date when the client signed the application form but may be earlier where telephone advice was given before signature. This must be recorded in the format: DD/MM/YYYY e.g. 6th October 2025 should be recorded 06/10/2025.	DD/MM/YYYY	All
Case id	The Case ID is a 3 digit number that is made up by the Provider. Within a Provider office all cases opened on any particular day should have a different Case ID. This will ensure the uniqueness of the UFN within a Provider office. If you always started 10 cases a day it would be acceptable for you to re-use the case ids of 001010 for your 10 cases each day, as the differing case start date would ensure that the UFNs were unique.	e.g. 001	II
Client Forename	Forename of the client receiving legal aid.	Alpha	All
Client surname	Surname of the client receiving legal aid.	Alpha	All
Case reference	Case reference refers to your organisation's reference for the matter. This reference is essential for effective auditing of contracts. Ensure that this reference enables the file to be retrieved if it is requested at an audit. Ensure that this will take account of any archiving system.	Alphanumeric	All
Unique File Number (UFN)	Made up of start date (with only yy for the year) and 3 digit case ID.	DDMMYY/000 e.g. 010101/004	All

	This will uniquely identify a legal aid case (when combined with Provider account number) Where a form is submitted online this will be automatically derived.		
Unique Client Number (UCN)	Made up of client's dob/clients initial/first 4 letters of clients surname (a minimum of 2 letters will be accepted for Surname)	DDMMYYYY/A/AAAAA e.g. 05051962/M/SMITH for Client Mark Smith with a date of birth 05/05/1962	All
Client date of Birth	Client date of birth	DD/MM/YYYY	All
Client postcode	It is important that the client's FULL, accurate, postcode is entered here. If the client does not know their postcode Royal Mail operates a telephone postcode enquiry service on 0906 302 1222 or visit royalmail.com Do not enter fictitious codes. If you or the client <i>genuinely</i> cannot provide an accurate postcode (perhaps because new properties have not yet had their codes notified) or if the client is homeless you should enter NFA. Mental Health Cases Please enter the postcode of the place where the client is residing at the start of the case, e.g. hospital postcode NOT the client's usual home postcode.	Allowable formats are: M1 1AA ANN NAA M60 1NW AAN NAA CR2 6XH AANN NAA PL25 4HH ANA NAA W1A 1HQ AANA NAA EC1A 1BB NFA	All
Case concluded date / Claim Date	The date case or stage was concluded by the Provider.	DD/MM/YYYY	All

	Mental Health, Education and Immigration Stage disbursement Claims In both categories, when reporting any Stage Claim/Stage Disbursement Claim, providers should record in the “Claim Date” field the date on which the last costs were incurred in relation to that stage. Further Guidance on these claim types can be found later in this document.		
Case reference	Case reference refers to your organisation’s reference for the matter. This reference is essential for effective auditing of contracts. Ensure that this reference enables the file to be retrieved if it is requested at an audit. Ensure that this will take account of any archiving system.	Alphanumeric	All
Gender	Gender of client	M F U	Male Female Unknown
Ethnicity	Ethnicity of the client	00 01 02 03 04 05 06 07 08 09	Other White British White Irish Black or Black British African Black or Black British Caribbean Black or Black British Other Asian or Asian British Indian Asian or Asian British Pakistani Asian or Asian British Bangladeshi Chinese

		10	Mixed White & Black Caribbean	
		11	Mixed White & Black African	
		12	Mixed White & Asian	
		13	Mixed Other	
		14	White Other	
		15	Asian or Asian British Other	
		16	Gypsy/Traveller – New code	
		99	Unknown	
Disability	Client disability indicator If a client considers himself or herself to have a disability, please mark the disability monitoring column with the most appropriate code. If the client has multiple disabilities please report the code that reflects the predominant disability. If the client does not consider himself or herself disabled then mark the column with the code NCD. Where a client does not wish to provide this information please mark the column with the code UKN.	NCD	Not Considered Disabled	
		MHC	Mental Health Condition	
		LDD	Learning Disability/Difficulty	
		ILL	Long Standing Illness Or Health Condition	
		OTH	Other	
		UKN	Unknown	
		MOB	Mobility impairment	
		HEA	Hearing impaired	

		DEA	Deaf	
		VIS	Visually impaired	
		BLI	Blind	
Advice Time	Time spent in minutes. This includes time spent on anything that is not travel and waiting, inc telephone calls and letters. Please record 6 minutes for each standard letter/telephone call (i.e., those for which you claim the standard "Letter and Telephone" rate in the Profit Costs field).	Numeric		All
Travel Time	Time spent travelling in minutes	Numeric		All
Waiting time	Time spent waiting in minutes	Numeric		All
Profit costs excluding VAT	Total amount of actual profit costs (excluding VAT) incurred. Including travel and waiting but not disbursements In Immigration & Asylum matters, where the costs incurred exceed the value of any Cost Limit that applied at the time then the value entered here should be limited to the applicable cost limit unless a Prior Authority Number has been obtained to justify the costs. SaBC will automatically limit costs to the applicable cost limit without such a Number. Please refer to Section B: Annex I of this document for guidance on how to report costs in excess of these cost limits, where permitted under the Immigration Contract.	Numeric		All

Disbursements excluding VAT	Total amount of disbursements (excluding VAT) In Immigration & Asylum matters, where the costs incurred exceed the value of any Cost Limit that applied at the time then the value entered here should be limited to the applicable cost limit unless a Prior Authority Number has been obtained to justify the costs. CWA will automatically limit costs to the applicable cost limit without such a Number. Please refer to section B-Annex I of this document for guidance on how to report costs in excess of these cost limits, where permitted under the Immigration Contract.	Numeric	All
Counsel costs excluding VAT	Total amount of counsel fees (excluding VAT)	Numeric	All
Disbursement VAT Amount	When claiming VAT on Disbursements CWA will limit the amount you can claim. The VAT rate to be applied is the rate that was applicable on the date the case was concluded. If you claim Disbursements VAT in excess of this limit your claim will be rejected by CWA. For further information on the rules around VAT reporting see the LAA website	Numeric	All
Profit and Counsel VAT Indicator	When selected, applies VAT to the outcome value (excluding disbursements that have their own VAT field). Where deriving value it will apply VAT to the fee and any other additional payments. If the fixed fee does not apply it will apply VAT to the NET profit costs and counsel costs fields.	Yes or No	All

Adjourned Hearing Fee	The number of times the MHT adjourned hearing fee is being claimed.	Numeric	Immigration & Asylum Mental Health
Travel & Waiting costs excluding VAT	Time spent travelling in minutes. This information should be recorded in this field for management information purposes even though travel and waiting costs (excluding disbursements) are also included in the aggregate information you input into the Profit Costs excluding VAT field (see above).	Numeric	All
Matter Type 1	See category specific section of this document (Section B)	Alpha 4 characters	All
Matter Type 2	See category specific section of this document (Section B)	Alpha 4 characters	All
Stage Reached	Stage the case has reached at the end. Stage reached codes are not required in all categories. See category specific section of this document (Section B)	Alpha 2 characters	Community Care, Debt, Discrimination, Education, Housing, Immigration & Asylum, Mental Health and Miscellaneous
Outcome for the client	The outcome for the client at the end of the case /stage See category specific section of this document (Section B)	Alpha 2 characters	All
Legacy Case	Providers should record whether or not the claim relates to a Home Office "legacy case." ¹ Select from "Y" or "N." Please note that providers should select "Y" where an asylum matter is opened on or	Y or N	Immigration & Asylum

	after 1st October 2007 but there has been a previous asylum application lodged before 1st April 2007		
AIT Hearing Centre	Providers must report the hearing centre where the appeal hearing took place. 1. = Birmingham 2. = Bradford 3. = Harmondsworth 4. = London – Field House 5. = London – Hatton Cross (York House) 6. = London – Taylor House 7. = Manchester (Piccadilly) 8. = Newport (Columbus House) 9. = North Shields (Kings Court) 10. = Nottingham Magistrates Court 11. = Stoke (Bennett House) 12. = Surbiton 13. = Walsall 14. = Yarl's Wood 15. = N/A – Application Only 16. = Other Note that 15 (N/A – Application Only) should be used for all Legal Help claims.	Numeric	Immigration & Asylum
Detention travel & waiting costs excluding VAT	This field should only ever be used to report the additional travel and waiting time claimable in relation to attending on a detained client whose case is subject to the Standard Fee Scheme. For hourly rates matters, all claims for travel and waiting time should be claimed in the Profit Costs field. Travel time is generally included within the payment levels under the Standard Fee Scheme (SFS).		Immigration & Asylum

	Additional travel and waiting time may however be claimed (where the client is in detention⁴. You are reminded that only providers who hold exclusive schedules to advise detainees in an IRC can advise those clients (unless one of the exceptions specified under Paragraph 8.6 of the 2024 Standard Civil Contract Specification applies). This also applies to clients that are detained under immigration powers in prisons. Please note however that the ability to claim travel for attending detained clients in addition to the SFS only covers travel for the purposes of taking the client's instructions. From January 2024, you can claim travel and waiting time for attending an IRC as part of the Detained Duty Advice Scheme (see 8.179 of the 2024 Standard Civil Contract Specification on Immigration and Asylum).		
Case stage level	Historically these codes determined the amount that is paid to you for the case claimed. The code used on each claim should continue to link to the Fee Code, Matter Type 1 and Matter Type 2 code and the Outcome code that you report on CWA. Remember, the Matter Type 1 and Matter Type 2 code should be the codes that are most appropriate when reporting the matter at the end of the case.	Alpha/Numeric	Family
Procurement Area	Record the Procurement Area which reflects the location set out in your Office schedule from which work undertaken.	Alphanumeric e.g. AP10000	All

	Immigration & Asylum Where you hold schedule authorisation to advise clients detained in an Immigration Removal Centre (IRC), you should select the relevant IRC reference from those listed e.g. Harmondsworth IRC. Where you are claiming for advice given in prisons under para 8.146 – 8.154 of the immigration and asylum specification the procurement area you should select is 'Prisons'.		
Access Point	Record the Access Point which reflects the location set out in your Office schedule from which work undertaken.	Alphanumeric e.g. PA10000	All (excluding Welfare Benefits, Discrimination, Education, and Mental Health)
Claim Type	When submitting any claim for payment in Immigration and Mental Health providers will need to report a 'Claim Type'.	Alpha: • Stage Claim (Immigration Only) • Stage Disbursement Claim • Completed Matter Claim	Mental Health and Immigration
Immigration Prior Authority Number (may display as NIAT Prior Authority Number)	Please refer to section B- Annex I of this document for guidance for further detail on this field.	Numerical	Immigration & Asylum
Date of Claim/Case Concluded Date	The date case or stage was concluded by the Provider. Mental Health, Education and Immigration Stage and Stage Disbursement Claims	DD/MM/YYYY	Mental Health, Education and Immigration & Asylum

	In categories, when reporting any Stage Claim/Stage Disbursement Claim, providers should record in the “Claim Date” field the date on which the last costs were incurred in relation to that stage. Further Guidance on these claim types can be found later in this document.		(Stage Disbursement Claims only)
Schedule Reference (Outcome)	Providers are required to record the schedule reference against each outcome and the schedule reference against NMS information that is submitted for each category on CWA. This schedule reference will be validated as follows: • For outcomes: The schedule reference must be a currently valid or previously valid schedule reference of the Provider. • For NMS: The schedule reference must be a currently valid schedule reference (this will be automatically populated in CWA, but when bulkloading NMS submission data the provider will need to be aware of this.)	Alpha/Numerical	All
Exemption Criteria Satisfied (outcome)	Some cases removed from the scope of legal aid of advice can be brought back into scope if an individual meets set criteria which are set out further below. This confirms the various scenarios in which the “Exemption Criteria Satisfied” field in SaBC may need to be completed, along with confirmation of the criteria and examples of the evidence required to be retained on file.	Alphanumeric	Family and Immigration
Exceptional Case	Where Exceptional Case Funding has been authorised by	Alpha	All

Funding Reference (outcome)	the LAA, you must record the Exceptional Case Funding Reference here.		
Transfer Date	This field should be used when a matter started before 1 April 2013 has been transferred to a provider following the closure of another provider, but the advice is no longer within the scope of legal aid. The new provider should report the date on which they opened the matter in this field. The date that the previous provider opened the matter should be recorded in the Case Start Date field. Further guidance can be found later in Section A of this document.	Alphanumeric	All (excluding Early Legal Advice)
Number of Independent Medical Reports Claimed	The number of independent medical reports claimed (0-10). This should include all independent medical reports billed on the matter, including those where the costs of the report have already been claimed via a Stage Disbursement Claim.	Numerical (0-9)	Mental Health (Completed Matter Claims only)
MHT Ref. No.	The reference number provided to you when you submit an application to the MHT. It should be submitted for all claims where an application to the tribunal has been made (e.g. with Case Stage/Level MHL02, MHL03, MHL04, MHL05, MHL06, MHL07, and MHL08, MHL010). The LAA cannot envisage any circumstances where it would not be possible to obtain the MHT	The format for this field must be completed in one of the two following ways: - AA/NNNN/NNNN (For cases in the English jurisdiction) - AANNNN (For cases in the Welsh jurisdiction)	Mental Health only

	reference number when making any of the above claims. However, if exceptional circumstances arise where you have a legitimate reason for not having a reference number you should enter the following information in this field: “AA/1234/1234” The LAA will closely scrutinise all claims where a case has been submitted with this reference number. Justification should be provided on file explaining why there is no reference number.		
Designated Accredited Representative	The LAA no longer uses information on Designated Accredited Representatives Please see page 146 on how report this information.		Mental Health only
Postal Application Accepted?	Whether or not an application was accepted by post, fax or email (as per paragraph 3.15 of the General Specification to the Standard Civil Contract 2024). Failure to complete this field will result in the system populating an error message, requesting the field to be completed. This information will be used by the LAA to monitor the frequency of such applications, including the proportion of claims where the client does not attend you in person in Education and Discrimination from 1 June 2020 (see paragraphs 16.20 and 17.20 of the Category Specific Rules respectively).	Y/N	All

Schedule/Submission reference field

5.1.1 The submission may be against multiple schedules, therefore you should enter the Schedule Number next to each line, whilst the “Schedule / Submission reference” will now be your Office Account number/CIVIL.

5.2 The use of the Unique File Number (UFN)

5.2.1 The UFN is compiled of the case start date and a 3 digit case ID in the format DDMMYY/NNN. For the Case ID you should record the first case opened on a particular day as 001 and then all subsequent cases opened that day should increase this number (i.e. 002 / 003 and upwards). The following day you should restart the numbering again at 001.

5.2.2. Therefore, when this number is compiled with the case start date it will ensure that the UFN is unique. If your office contains multiple departments all opening cases independently we recommend you agree a common procedure for allocating Case IDs to avoid duplication.

5.2.3 The UFN ensures that matters can be correctly identified as being an “Escape Fee Case” – the UFN is one of the references relied on by the Submit A Bulk Claim system to correctly link claims for the same matter which may contribute to whether a matter should be flagged and potentially paid as an “Escape Fee Case”. Below are some practical examples of how to record the UFN correctly and where you should reuse it:

Scenario 1: Duplicate UFNs reported in 2 separate months

5.2.4. A provider reports a Civil Legal Help matter with the UFN 010111/001 under office account number 1A111A. The following month (or in any subsequent month) this office reports another Civil Legal Help claim with the same UFN (010111/001) under the same office account number (1A111A). When the second claim is submitted, it will be identified as a duplicate and the entire monthly submission will be rejected by the Submit A Bulk Claim system.

Scenario 2: Duplicate UFNs reported in the same month

5.2.5. A provider reports a Civil Legal Help matter with the UFN 010111/001 under office account number 1A111A. Within the same monthly submission, they report another Civil Legal Help claim with the same UFN (010111/001) under the same account number (1A111A). The second claim will be flagged as invalid by Submit A Bulk Claim system (however the Submit A Bulk Claim system will not reject the entire monthly submission).

Scenario 3: UFNs only need to be unique within each office of your organisation

5.2.6 A provider reports a Civil Legal Help matter with the UFN 250909/001 under office account number 1A111A. The following month they report another Civil Legal Help claim with the UFN 250909/001 under a different office account number (2A222A). The second claim will be treated as valid and will be accepted by the Submit A Bulk Claim system, though may require subsequent validation.

Scenario 4: Reporting duplicate UFNs correctly as a supplemental claim

5.2.7 A provider reports a Civil Legal Help matter with the UFN 010111/001 under office account number 1A111A. Further work is then required on this claim within the period of eligibility (i.e. a supplemental claim is required). The

provider contacts their Contract Manager to authorise the voiding of the original claim in the Submit A Bulk Claim system. Once the original claim is then voided in submit a Bulk Claim system the provider reports the matter again using the same UFN 010111/001 under office account number 1A111A. The second claim is valid and will be accepted by the Submit A Bulk Claim system.

5.3 Use of Account Numbers

- 5.3.1. Where you open a case under a specific Office Schedule you must bill it, (including Stage Claims) from the account number associated with that Office Schedule. You must not use a different account number. Matters are allocated to a Schedule and must be started under a specific Schedule. They must be billed using the account number associated with the Schedule under which they were started.
- 5.3.2 What this means in practice for Immigration, Mental Health and Education providers is that if a stage claim or a disbursement stage claim is submitted, then it is essential the Completed Claim is reported from the same office. This will ensure the Submit A Bulk Claim system is able to successfully match stage and final completed claim and as a result it is able to calculate the value of claims correctly. Where a stage claim has been reported in a specific office within your organisation the final completed claim must be reported from the same office

5. 4 Claiming for Escape Fee Cases

- 5.4.1 Providers must report the actual profit costs incurred when making any claim for costs on the Submit a Bulk Claim system. The system will automatically calculate whether the case meets the Escape Fee case criteria (i.e. whether the profit costs incurred, excluding the additional payments claimed, exceeds three times the value of the appropriate fixed fee/s or two times the value of the appropriate fixed fee for Immigration & Asylum matters opened on/after 1 April 2023).
- 5.4.2 The system will not automatically pay costs beyond the Fixed Fee/s and any disbursements, so in order to claim the case as an Escape Fee Case providers will have to complete an Escape Fee Case Claim form, and forward all such cases to the relevant teams for costs assessment, see EC-CLAIM1 at:
<https://www.gov.uk/government/publications/escape-fee-case-claim-forms>

5.5 When do I need to report Procurement Area & Access Point codes?

- 5.5.1 You will need to include this information on your Civil Legal Help submission for all NMS and any completed claims The Procurement Area (PA) must always relate to one of the locations specified in table 4 of your office Schedule. The access points only need to be reported in the Immigration and Asylum category. The lists of Procurement Area and Access Point reporting codes can be found [here](#).

5.6 What should I report if the client is situated outside of my contracted PA & AP?

- 5.6.1 There is no limit on the proportion of NMS that a provider can open outside of their Schedule procurement area. The only exception to this is the category of Mental

Health, where providers are only able to open a maximum of 30% of their Matter Starts allocation outside of their Schedule procurement area.

- 5.6.2 When you start matters or complete cases where the client is based outside of your authorised Procurement Area (PA)/Access Point (AP) you must still report the PA & AP codes that appear on your office schedule.

5.7 Which postcode should I use?

- 5.7.1 The LAA will use the client postcode submitted at the end of a case to establish the client's location. To clarify, the postcode reported on your claim should be the client's home postcode (except if they are in hospital for Mental Health cases or in an Immigration Removal Centre (IRC) for Immigration cases – in these circumstances you should report the postcode of the hospital, IRC's or homeless).

5.8 Why is new matter start reporting resulting in my submission being rejected by the Submit A Claim system?

- 5.8.1. You can only report new matter starts in an area or category that you have an authorisation to deliver work in. We recommend you check the schedule which you have been provided with by the LAA, this contains a list of all your allowed authorisations. If you have any queries about your allocations and authorisations please contact your Contract Manager before attempting to enter your next submission in the Submit A Bulk Claim system.

5.9 In Mental Health, clients do not necessarily need to visit your office or alternative presence location in order for you to open a case. How do I report Mental Health claims in these circumstances?

- 5.9.1. Regardless of where you attend the client you must report one of the PA authorisations as listed in Table 4 of your office schedule. If you have more than one authorisation on your schedule you should select the PA codes that you feel are the most appropriate. Also please enter the postcode of the place where the client is residing at the start of the case, e.g. hospital postcode NOT the client's usual home postcode.

5.10 Reporting schedule references on Submit A Bulk Claim system

- 5.10.1 Providers are required to record the schedule reference against each outcome and the schedule reference against NMS information that is submitted for each category on the Submit A Claim system. This schedule reference will be validated as follows:

- **For outcomes:** The schedule reference must be a currently valid or previously valid schedule reference of the Provider.
- **For NMS:** The schedule reference must be a currently valid schedule reference (Providers will need to be aware of this when submitting the Bulk Upload spreadsheet)

5.11 Importance of the “case start date”

5.11.1 The 'case start date' of the matter recorded by a provider in the Submit A Bulk Claim system informs the scheme rules in accordance with which the case will be funded. This is the date the client signs the relevant Controlled Work form.

5.11.2 Any reassessment of the means or merits during the life of a case will be based on the scheme rules in operation at the case start date.

5.11.3 The case start date for face to face advice is the date of a valid grant of Legal Help or Controlled Legal Representation, by a provider. For example, this is normally when the legal help application is completed (i.e. when the form is signed by the client)

5.12 Does it matter when the case is reported via Submit A Bulk Claim system?

5.12.1 The date the controlled work case is billed (i.e. when it is completed) does not impact on the fee paid as the fee is determined on the start date. The case could be billed several years after the start date of the case.

5.13 Returning clients with the same legal problem

5.13.1 Where Legal Help has been provided in relation to the same matter/legal problem (as defined in contract and Regulations) any further work on the same matter will be governed by the previous provisions on remuneration.

5.13.2 For example, if a client returns with the same issue/matter within 6 months (reduced to 3 months if there has been a material development or change in the client's instructions) the original case is reopened and the original case start date and therefore 'scheme rules' are applied.

5.13.3 Where a Legal Help matter progresses to Help at Court or Family Help (Lower) the start date of the matter is still defined as the date that the Legal Help form was signed.

5.13.4 In Immigration, from 1 April 2023, Legal Help and CLR are separate matters and therefore the case start reported for each should be the date on which the Legal Help or CLR form was signed. The same date should not be used for both LH and CLR, unless both matters commenced on the same date.

5.14 Reporting a case subject to Exceptional Case Funding

5.14.1 If Exceptional Case Funding (ECF) is authorised under Controlled Work, the outcome of the case will be reported in the Submit A Bulk Claim system. Providers will report case outcomes in one of two ways:

- If a Provider has user access to the Submit A Bulk Claim system they will submit the outcome of the case themselves in the system.
- If Provider does not have user access to Submit A Bulk Claim system because they are doing the work under an individual case contract they should refer to the ECF guidance/team for confirmation of how to report this work.

5.14.2 When reporting a matter subject to ECF in the Submit A Bulk Claim system, providers will be required to provide all of the standard outcome details that would be provided for a case authorised under mainstream funding.

Matter Type codes

5.14.3 For areas of advice which are no longer within the scope of legal aid, but where ECF has been authorised by the LAA, providers will report these matters using the Matter Type Codes that were in place prior to 1 April 2013 when those areas were in scope. The category specific guidance contained within Section B of this document details those Matter Type codes which apply to out of scope matters.

Exceptional Case Funding Reference:

5.14.4 When the outcome of an ECF case is reported in the Submit A Bulk Claim system providers must record an ECF reference that will have been issued at the point funding was granted by the LAA. This reference will be confirmed to the provider following a successful application for ECF.

Procurement Area and Access Point:

15.4.5 If a Provider submits an outcome with an ECF reference they will not be required to submit any Procurement Area or Access Point information in the outcome details.

5. 15 Exemption Criteria

5.15.1. The following cases have been removed from the scope of legal aid of advice, but can be brought back into scope if an individual meets set criteria:

- ***Family cases involving Domestic Abuse or Child Abuse;***
- ***Family cases involving clients under the age of 18;***
- ***Immigration matters (Involving victims of trafficking or modern slavery or separated migrant children) ;***
- ***Employment and Damages cases (Involving victims of trafficking or modern slavery); and***
- ***Clinical negligence – injury at birth***

5.15.2 The various scenarios in which the “Exemption Criteria Satisfied” field in the Submit A Bulk Claim system may need to be completed, along with confirmation of the criteria and examples of the evidence required to be retained on file. Further details of the exemption criteria and codes are set out in the Category Specific section in Section B.

Section B: Category specific guidance

1. Whilst Section A of this document details many of the provisions and guidance application across the various civil categories of law, there are some that are specific to individual categories.
2. This section contains a summary of the provisions including Category Specific fields, reporting codes and other category guidance relevant to each of the civil areas of law that features in the Submit A Bulk Claim system.

Matter Type, Stage Reached and Outcome Codes

3. Matter Type codes have been divided into Matter Type 1 and Matter Type 2. Both must be filled in for each individual case. **Only one Matter Type 1 and one Matter Type 2 must be recorded.**
4. In the majority of categories:
 - Matter type 1 must reflect the **most significant legal issue** dealt with during the case.
 - Matter type 2 should best describe either the opponent in the case or the status of **the main person involved in the case** (usually the client) as it relates to the **main legal issue** (described in Matter Type 1) **prior to** that issue being resolved or in any way addressed.
 - The Outcome field **must** be completed. For immigration stage claims and immigration standby claims "--"(double dash) should be entered as the outcome code.
 - Stage Reached codes are not mandatory in every category of law. Please refer to the individual category guidance for confirmation of whether Stage Reached codes are required.
 - Where a Stage Reached code is required, enter the code from the category list provided showing what stage was reached in the case.
 - In the second field enter the code from the category list provided showing what outcome has been achieved for the client. This **must** be the outcome for the legal issue described by Matter Type 1.
 - Providers should refer to the relevant Category Annex within this document for more detailed guidance on which claim codes to use or not to use in certain circumstances.

Classification of reporting codes:

5. Some matters which are not in scope of Legal Aid can be funded by ECF and may have different reporting codes available. There are also types of advice within some categories which are only within scope if specific criteria are satisfied. Where criterion is required to be satisfied in order for the matter to be in scope, this has been highlighted.

Annex A: Claims Against Public Authorities (CAPA)

A1. Reporting Codes:

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
CAPA	Claims Against Public Authorities Legal Help Fixed Fee	£239	£717

A1.1 Matter Type

A1.1.1 Matter Type 1: What the matter is about

The Matter Type 1 code must reflect the most significant legal issue dealt with during the case.

Code	Description
AASS	Assault Any actual or threatened use of force, whether or not physical or psychological injury is caused.
AFAL	False imprisonment/wrongful arrest All types of deprivation of liberty, (whether at a police station or not) where a question arises as to its legality.
AMAL	Malicious prosecution Where a prosecution has been commenced on the basis of evidence provided by an individual/individuals (who need not necessarily be police officers), whether or not the prosecution reaches trial. The prosecution must be capable of resulting in a criminal conviction.
AMIS	Misfeasance in public office Where a public officer maliciously (by either act or omission) exercises a power conferred on him/her by virtue of his/her public office which causes foreseeable damage to another.
ANEG	Negligence Where a duty of care to a person or group of people owed is breached, causing loss that is reasonably foreseeable as a consequence of that breach. This may well apply in <i>addition</i> to other torts (including assault, false imprisonment and trespass).
ATRE	Trespass Where action concerns wrongful entry/remaining on land (e.g. someone's home during a search).
AINT	Interference with goods Applies where goods are either damaged or disposed of unlawfully (whether destroyed or not).

ACOM	Complaint All matters of police misconduct where a representation in relation to the conduct of officers/civilian staff is made, either to the police force concerned and/or to the Independent Police Complaints Authority (IPCC).
AIND	Inquest (death in custody) Where a death has occurred in custody (including police stations, or whilst otherwise in police detention, or in a prison, or in an immigration centre) or that has occurred as a result of an attempt to detain an individual.
AINO	Inquest (other) All other cases where a death has occurred other than in the course of a detention (including whilst in a hospital, care home, social services custody, care of an educational establishment). NB This category may still involve the police (e.g. a death involving police officers involved in a pursuit or otherwise engaged in police duties).
AHRA	Human Rights Act Only Where the dominant cause of action is under the Human Rights Act.
ADIS	Discrimination All cases where discriminatory treatment by the defendant is alleged (e.g. on grounds of race, disability, sex, sexual orientation, age, religion, political or other opinion, or national or social origin).
ASAC	Sexual abuse of a child in care Where an individual in a position of authority uses his/her position to engage in sexual activities with a minor in their care or in respect of whom they have access. This is irrespective of whether or not physical or psychological injury can be established. A “minor” is any person under the age of 18 years at the time of the alleged conduct.
ASAA	Sexual abuse of a vulnerable adult in care Where an individual in a position of authority uses his/her position to engage in sexual activity with a vulnerable adult in the care of a local authority or agent of a local authority or in respect of whom they have access by virtue of their position. A “vulnerable adult” is any person who suffers from a physical or mental impairment.
ANSC	Non-sexual abuse of a child in care Where an individual in a position of authority deliberately causes or attempts to physically or psychologically cause harm to a “minor” in their care or in respect of whom they have access. A “minor” is anyone under the age of 18 years at the time of the alleged conduct.
ANSA	Non-sexual abuse of vulnerable adult in care Where an individual in a position of authority deliberately causes or attempts to physically or psychologically harm a vulnerable adult in the care of a local authority or agent of a local authority, or in respect of whom they have access. A “vulnerable adult” is any person who suffers from a physical or mental impairment.

AOTH	Other Where the most significant legal issue does not fall within any of the above.
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A1.1.2 Matter Type 2: Who the matter involves

The Matter Type 2 code must accurately identify the defendant/potential defendant or opponent/potential opponent. If there is, or is likely to be more than one defendant/opponent, the dominant or first defendant/opponent should be selected.

Code	Description
APOL	Police Includes civilian members of a police force and special constables/PCSOs.
APRI	Prison Use where the Home Office is not the defendant/ opponent.
AHOM	Home Office Use where the Home Office is vicariously liable for acts/omissions (e.g. a prison, immigration removal centre).
ACRB	CRB Any claim involving the Criminal Records Bureau.
AREL	Religious Institution All faiths (Roman Catholic, Church of England, Muslim, etc).
ALEA	Education Establishment All educational establishments (whether private or local authority governed).
AHOS	Hospital All hospitals whether NHS Trusts or privately administered.
AIMM	Immigration authority Claims involving IND but not the Home Office.
ABAI	Bailiffs All private bailiffs (excluding court bailiffs).
ACOM	Private Company All non-publicly owned traders including sole proprietors, partnerships, private limited companies, and listed public companies.
AOTH	Other This code should only be used if the client does not fall into one of the above categories.

A1.2 Outcome for the client

A1.2.1 Matter concluded

Enter a code from the category list showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

Code	Description
AA	Client receives damages Any payment of a lump sum by the opponent to the client.
AB	Client's property is returned Any agreement for the return of goods etc (e.g. a motor vehicle).
AC	Client receives damages and client's property is returned Where damages are paid in addition to the return of property.
AD	Client obtained a declaration of their rights This will apply in cases where the opponent formally accepts that the client's rights have been infringed (e.g. an ECHR right).
AE	Client was successful in requiring or restraining a particular course of action to be taken by the opponent E.g. where the opponent agrees to amend/remove personal data held in relation to the client or where a reprimand/caution is quashed.
AF	Client secures explanation or apology Use in matters where the opponent addresses the issues of concern but no compensation offered.
AG	Opponent/other party action benefited person other than client Applies where opponent's action is likely to benefit others unconnected with the client (e.g. a change in policy when dealing with particular types of offences).
AH	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
AI	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

A1.2.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
AU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
AV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
AW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. It does not cover referral of different but connected cases
AX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
AY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
AZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex B: Clinical Negligence

B1. Reporting Codes:

The Fee code, Matter Type 1, Matter Type 2 and Outcome Codes listed below can only be used for cases where the Injury at Birth Exemption Criteria are satisfied and evidenced.

Fee Code

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
CLIN	Clinical Negligence Legal Help Fixed Fee	£195	£585

B1.1 Matter Type

B1.1.1 Matter Type 1: What the matter is about

The Matter Type 1 code must reflect the most significant legal issue dealt with.

Code	Description
NMIN	Physical Injury (full recovery in 1 year)
NMOD	Physical Injury (full recovery in 3 years)
NPER	Physical Injury (with persistent problems) Permanent scarring, ongoing pain etc
NPSY	Psychiatric injury
NBDA	Brain damage to an Adult
NBDM	Brain damage to a Minor
NBTH	Perinatal injury (injury sustained during delivery)
NCAN	Cancer
NCAT	Catastrophic injury rendering the client dependent upon others for care (spinal injury, brain damage etc.) The most serious of injuries including a mixture of type of injury e.g. spinal injury and incontinence or renal failure requiring dialysis.
NFAT	Fatal injury
NOTH	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.

B1.1.2 Matter Type 2: Who the matter involves

Use the appropriate code to accurately identify the defendant/potential defendant or opponent/potential opponent. If there is, or is likely to be more than one defendant/opponent, the dominant or first defendant/opponent should be selected when reporting.

Code	Description
NNHN	Hospital – NHS
NNHP	Hospital – Private
NNGN	General Practitioner – NHS
NNGP	General Practitioner – Private
NNCL	Clinician – Private (i.e. private doctor, surgeon, psychiatrist etc.)
NNDN	Dentist – NHS
NNDP	Dentist – Private
NOTH	Other This code should only be used if the client does not fall into one of the above categories.

B1.2 Outcome for the client

Enter a code from the category list showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

B1.2.1 Matter concluded

Code	Description
NA	Client receives damages
NB	Client receives periodical payments
NC	Client receives periodical payments and damages
ND	Apology obtained Apology obtained but no damages.
NE	Opponent/other party action benefited person other than client (e.g. a change in policy or procedure)

NF	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
NG	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

B1.2.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
NU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
NV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
NW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases
NX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
NY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
NZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

B1.3 Exemption Criteria Code

Issue present in the case	Criterion/test which needs to be satisfied in order for the case to be funded	Reporting Code	System description
Injury at Birth	The case involves issues arising from injury at birth	CN001	Injury at Birth

Annex C: Community Care

C1. Reporting Codes:

Fee Code

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold (
COM	Community Care Legal Help Fixed Fee	£266	£798

C1.1 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

C1.1.1 Matter Type 1: What the matter is about

Code	Description
COBA	Obtaining assessment Includes any type of assessment for the purpose of deciding whether a service or facility in the community is to be provided by social services or a health body, including community care, carer, leaving care, and continuing care assessments.
CCHA	Challenging an assessment This is the appropriate coding where an assessment has already been carried out but its adequacy is in issue. A successful challenge may lead to a fresh assessment but, even in these cases, CCHA, rather than COBA is the correct coding.
CPRO	Provision of services Includes cases where the issue is the suitability or choice of service as well as those where no services have been provided following an adequate assessment. Where the most significant legal issue is the adequacy of the assessment on which the decision about services is based, CCHA rather than CPRO will be the correct code.
CCRG	Charges for services Covers all issues relating to the charges to be made by social services authorities for domiciliary and residential services (including top up charges), or by health bodies for health care services (e.g. charging overseas visitors). Where the issue is whether the service should be provided by social services or by a health body as an NHS service this should be coded as CISS, even though one of the consequences of resolution of the issue is whether a charge can be made.

CFUN	Provision of direct payments or equivalent Includes all cases where there are issues relating to the provision of cash so that the service user, or someone on their behalf, can make their own arrangements for services. It includes, for example, cash payments by health bodies and the use of independent user trusts, as well as statutory direct payments.
CISS	Issues arising from the health/ social care divide Includes cases concerning disputes between health bodies and social services about which are responsible for service provision, and the various advantages and disadvantages of provision by each.
CPOV	Protection of vulnerable adults This category is intended to cover cases arising from allegations of abuse of a vulnerable adult (e.g. failure to implement, adequately or at all, the formal Protection of Vulnerable Adults procedure) and from best interest's decision making on behalf of people who are mentally incapacitated. This also includes inherent jurisdiction cases. N.B. For matters opened on/after 1 April 2013 this code should only be used for general damages claims where these meet the criteria for “claims against public authorities” or “claims arising out of allegations of the abuse of a child or vulnerable adult, or allegations of sexual assault”
CCOT	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.

C1.1.2 Matter Type 2: Who the matter involves

Use the one code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in the 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description
CCSU	Client is a current or prospective service user Used where advice is sought by the services user him/herself, and where advice sought on behalf of a child or a mentally incapacitated person.
CFAM	Client is a carer - family member This code should only be used where the client is the carer. If the carer is seeking advice on behalf of the cared for person, who cannot do so themselves because of their age or mental incapacity, CCRG is the correct code.
CNFM	Client is a carer - non-family member This code should only be used where the client is the carer. If the carer is seeking advice on behalf of the cared for person, who cannot do so themselves because of their age or mental incapacity, CCRG is the correct code.

COTH	Other This code should only be used if the client does not fall into one of the above categories.
CNAS	NASS advice

C2.2 Stage Reached

Enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

Code	Description
CA	First meeting Matters which conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice, including the confirmation of advice letter.
CB	Further work Work beyond the first meeting, not including the confirmation of advice letter, including work preparatory to putting the case for the client. Applies where further work (e.g. investigative work) has been carried out but there has been no contact with the potential opposing party (other than for the purposes of investigation).
CC	Putting case for the client Includes correspondence with opposing party for the purposes of putting the case. Includes pre-action protocol letters and any communication with a third party that constitutes substantively putting the case for the client. Includes preparation of representations and evidence for tribunals etc.
CD	Representation at court/tribunal Applies where solicitors have provided or arranged representation before courts and tribunals (including representation provided pro bono or under other funding).

C2.3 Outcome for the client

Enter a code from the category list showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

C2.3.1 *Matter concluded*

Code	Description
CA	Money provided for the purpose of arranging services by or for the client This is the appropriate code where any form of cash payment is made by a social services authority or a health body so that the client or someone on his or her behalf can make arrangements for services themselves.

CB	Liability of client to pay charges for services is reduced or eliminated Where the issue was whether the service should be provided by social services or by a health body as an NHS service, this should be coded as CH, even where one of the consequences of resolution of the issue is that no charge can be made.
CC	Assessment obtained If the case involved a challenge to the adequacy of the assessment, which led to a fresh assessment in order to remedy the deficiencies in the original assessment, CD will be the correct code rather than CC.
CD	Deficiencies in assessment remedied If the case involved a challenge to the adequacy of the assessment, which led to a fresh assessment in order to remedy the deficiencies in the original assessment, this will be the correct code rather than CC.
CE	Secured provision of service Includes not only cases where the outcome is the provision of a service where none was previously provided, but also where a more suitable service or the service of choice is provided in place of that originally on offer.
CF	More effective protection of vulnerable adult This includes all cases where defects in POVA procedures (such as inadequate investigations) and best interests decision-making have been remedied.
CG	Statutory complaint is progressed more effectively If the assistance provided has helped a client to overcome problems progressing a statutory complaint this will be the appropriate code to use. If the complaint has led to a substantive outcome (e.g. obtaining an assessment) the coding appropriate to the substantive outcome should be used rather than this code.
CH	Correct commissioner of service identified to the benefit of the client Where the issue was whether the service should be provided by social services or by a health body as an NHS service this should be coded as CH (and not CB), even though one of the consequences of resolution of the issue is that no charge can be made. The code also covers cases where the benefit is non-financial, for example where the identification of the correct commissioner leads to the provision of a service by one or the other where previously a dispute between potential commissioners had prevented any provision being made at all.
CI	Client advised and enabled to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
CJ	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

C2.3.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
CU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
CV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
CW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
CX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
CY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
CZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex D: Debt

D2. Reporting Codes:

D2.1 Completed Claims - Fee Code

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
DEBT	Debt Legal Help Fixed Fee	£180	£540

D2.2 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

D2.2.1 Matter Type 1: What the matter is about

Code	Description	Condition
DPDE	Priority debt(s) Includes rent, mortgage, council tax, utilities, and court fines.	To be used only in ECF cases
DNPD	Non priority debt(s) Includes bank loans, credit card/HP/other regulated credit debts.	To be used only in ECF cases
DMDE	Mixture of both priority debt(s) and non priority debt(s) A mixture of the DPDE & DNPD codes.	To be used only in ECF cases
DMAP	Mortgage Arrears/Possession - a claim for possession is made or threatened, and - the main apparent reason is arrears of mortgage.	
DIVB	Involuntary Bankruptcy (where client's estate includes their home) Applies where a creditor is seeking to make a debtor bankrupt in order to recoup a debt that they are owed, and the client's estate includes their home.	
DORH	Order for Sale of the Home Applies where a creditor seeks a court order forcing the sale of the client's property in order to recoup the debt they are owed.	
DMCA	Representation provided under criminal legal aid This applies where advocacy is required in certain proceedings that are prescribed as criminal proceedings	

DTOT	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.	
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D2.2.2 Matter Type 2: Who the matter involves

Use the one code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in the 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description	Condition
DCRE	Client is a creditor Where the client is owed money by a person and/or company and requires assistance recovering the debt.	To be used only in ECF cases
DIBP	Client is defending involuntary bankruptcy proceedings Applies where a creditor seeks a court order forcing the sale of the client's property in order to recoup the debt they are owed.	
DORD	Client is facing an order for sale of the home Where the client is facing an order for sale of their home and they require assistance to prevent the sale	
DSCH	Client wants to reschedule debts Applies where the client cannot maintain the repayments required by creditors and wishes to put forward more affordable offers.	
DVAL	Client wants to challenge validity of debts Applies where the client does not believe that the amount being claimed by a creditor is correct and/or has reason to believe that they are not liable for the debt.	
DMIX	Client wants both to challenge validity of debts and reschedule debts A mixture of the DSCH & DVAL codes.	
DOTH	Other This code should only be used if the client does not fall into one of the above categories.	

D2.3 Stage Reached

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the "highest" level of assistance provided to the client.

	First meeting
DA	Matters which conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice, including the confirmation of advice letter.
DB	Further work Work beyond the first meeting, not including the confirmation of advice letter, including work preparatory to putting the case for the client. Applies where further work (e.g. investigative work) has been carried out but there has been no contact with the potential opposing party (other than for the purposes of investigation).
DC	Putting case for the client Includes correspondence with opposing party for the purposes of putting the case. Includes pre-action protocol letters and any communication with a third party that constitutes substantively putting the case for the client. Includes preparation of representations and evidence for tribunals etc.
DD	Representation at court Applies where solicitors have provided or arranged representation before courts and tribunals (including representation provided pro bono or under other funding).

D.2.4 Outcome for the client

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

D2.4.1 Matter concluded

Code	Description	
DA	Liability contested successfully Client was able to prove that they were not liable for a debt.	
DB	Debt written off (rather than just reduced) Creditor agreed that they would no longer pursue the client for balance.	To be used only in ECF cases
DC	Debt reduced Creditor agrees to accept a lower amount in settlement of their debt.	
DD	Affordable payment arrangements negotiated on behalf of client Creditor agrees to accept reduced payments based upon what the client could afford to offer.	
DE	Admin order made Administration Order agreed by the County Court.	To be used only in ECF cases

DF	Client referred for IVA Client referred to a third party to put forward a proposal for an Individual Voluntary Arrangement.	To be used only in ECF cases
DG	Bankruptcy order made Client was able to declare themselves bankrupt, or creditor successfully petitioned for the client's bankruptcy.	
DH	Client able to plan and/or manage their affairs better As result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	
DI	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	
DJ	Debt relief order made – only for ECF funding This should only be used where clients without access to bankruptcy orders are able to meet the necessary criteria under a Debt Relief Order.	To be used only in ECF cases

D2.4.2 Matter not concluded

Use the following codes only where you do not know the outcome.

DU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
DV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
DW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
DX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
DY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
DZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex E: Discrimination

E1 Reporting Codes

E1.1 Completed Claims - Fee Code

Fee Code	Description	Standard Fixed Fee	Threshold for escape fee team assessment
DISC	Discrimination Legal Help Payment	Hourly Rates	£700

E1.2 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

E1.2.1 Matter Type 1: What the matter is about

Code	Description
QPRO	Provision of goods and services Discrimination in the provision of good and services under Part 3 of the Equality Act 2010
QEMP	Employment Discrimination at work under Part 5 of the Equality Act 2010 (other than advice primarily/solely regarding equality of terms)
QEQP	Equality of terms/Equal pay Advice of equality of terms under Chapter 3 of Part 5 of the Equality Act 2010
QPRE	Premises/Housing Discrimination in the provision, disposal and management of premises under Part 4 of the Equality Act 2010
QFUN	Exercise of public function Discrimination in the exercise of a public function under Part 3 of the Equality Act 2010
QEDU	Education Discrimination in the provision of education under Part 6 of the Equality Act 2010
QPUB	Public sector equality duty Advice and assistance in relation to a breach, or alleged breach, of the public sector equality duty under section 149 of the Equality Act 2010

QCON	Contracts Advice and assistance in relation to contracts and other agreements that breach or allegedly breach Part 10 of the Equality Act 2010.
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E1.2.2 :Matter Type 2: Protected Characteristic

Use the one code that best describes the protected characteristic of the individual that is the subject of the discrimination advice.

Code	Description
QAGE	Age
QDIS	Disability
QGEN	Gender reassignment
QMCP	Marriage and civil partnership
QPRM	Pregnancy and maternity
QRAC	Race
QROB	Religion or Belief
QSEX	Sex
QSOR	Sexual Orientation
QMDI	Multiple

E1.3 Stage Reached

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

QA	First meeting Matters that conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice.
QB	Further work Matters where further work is carried out beyond the first meeting, but where there has been no contact with the potential opposing party.

QC	Putting case for the client Matters involving correspondence with the opposing party for the purposes of putting the case, including pre-action protocol letters, but no proceedings issued.
QD	Tribunal and court proceedings Work carried out assisting client with proceedings in a tribunal or court, including preparation of representations and evidence for the tribunal/court.

E.1.4 Outcome for the client

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

E1.4.1 Matter concluded

Code	Description
QA	Client received a financial settlement outside of court/tribunal
QB	Client received a financial award from a court/tribunal
QC	Client received new or increased periodical payment
QD	Client obtained a declaration of their rights This will apply in cases where the opponent formally accepts that the client's rights have been infringed.
QE	Client obtained a recommendation in their favour
QF	Client secured a redetermination of a decision
QG	Client secured the making of a reasonable adjustment
QH	Client secured new, resumed or improved goods or services
QI	Opponent/other party action prevented or delayed Third party is dissuaded from taking action or action is delayed
QJ	Opponent/other party action benefits client
QK	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.

QL	Client secures explanation or apology only Use in matters where the opponent addresses the issues of concern but no compensation offered.
QM	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

E1.4.2 Matter not concluded

Use the following codes only where you do not know the outcome.

QT	Matter continued under a private funding arrangement (e.g. CFA) Following initial advice and assistance under legal aid, matter continued via a private funding arrangement
QU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
QV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
QW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
QX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
QY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
QZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex F: Education

F1 Reporting Codes

F1.1 Fee Code

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
EDUFIN	Education Legal Help Fixed Fee	£272	8£16

Stage Disbursement Claims

How to Submit a Stage Disbursement Claim

In Education, providers are able to submit a Stage Disbursement Claim for any disbursements incurred to date, three or six months after a case has started, and then every three or six months after such a claim is made. For full details on the contract rules governing these provisions, please see paragraph 16.38 (Education) of the 2024 Standard Civil Contract

How to make a claim

When submitting a claim for payment in Education you will need to use the code EDUDIS instead of EDUFIN to claim a stage disbursement.

What other information is required?

The values you must enter to claim a stage disbursement in Education are the 'Net Disbursements excluding VAT' and 'Disbursement VAT'. This will determine the level of payment you will receive for this claim.

In addition, you will be required to enter much of the standard information you would normally submit on a completed claim, such as client details, the Matter Type I, Matter Type II, Stage Reached and Outcome Codes.

The table below sets out how you should fill in information about the financial information on a stage disbursement claim in Education:

Fields	What you need to input under the fields
Advice Time	Leave blank or enter "0"
Travel Time	Leave blank or enter "0"
Waiting Time	Leave blank or enter "0"
Net Profit Costs (Including Travel & Waiting/Excluding VAT)	Leave blank or enter "0"
Net Disbursement Amount (Excluding VAT)	Complete as normal
Net Cost of Counsel (Excluding VAT)	Leave blank or enter "0"
Disbursement VAT amount	Complete as normal
Travel & Waiting Costs	Leave blank or enter "0"
VAT Indicator	Leave blank or enter "0"

Outcome Codes:

When submitting a stage disbursement claim you should use the appropriate Matter Type 1 and Matter Type II for the claim. You should also use the following Stage Reached and Outcome Codes:

Stage Reached	EB
Outcome Code	EZ

Validation for making Stage Disbursement Claims

Stage disbursement claims can only if at least 3 months have elapsed since the start of the Matter or where you have previously applied for payment at least 3 months have elapsed since that entitlement arose or the application was made (see paragraph 16.30 of the Education Category Specific Rules). If you submit a stage disbursement claim earlier than these rules allow your claim will be rejected.

F1.2 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

F1.2.1 Matter Type 1: What the matter is about

Code	Description	Condition
ESEN	Special educational needs Advice and assistance on any special educational needs matter (e.g. under Part 3 of the Children and Families Act 2014)	
ENEG	Concern over level or quality of education, bullying or other professional negligence Initial advice and assistance on a claim for negligence concerning the level or quality of education or bullying, including breach of statutory duty	To be used only in ECF cases
EXCE	Exclusion/refusal to provide full time education Any matter involving exclusion from school or other educational institution (including university), including placement in a pupil referral unit. This does not cover matters where the exclusion is being challenged on the basis of a breach of special educational needs or discrimination legislation.	To be used only in ECF cases
EADM	Admission/choice of an institution Any matter involving advice and assistance regarding admission to a school or other educational institution (including university). This does not cover matters where the exclusion is being challenged on the basis of a breach of special educational needs or discrimination legislation.	To be used only in ECF cases

EDDA	Disability discrimination at school Advice on disability discrimination at school in contravention of Chapter 1 of Part 6 of the Equality Act 2010	
EGTO	Grants, transport and other similar services Advice and assistance on grants, student loans and other similar support. This also includes	To be used only in ECF cases
EPRO	Non-attendance and proceedings against parents Advice and assistance with school attendance issues, include advice and assistance about the right to educate at home.	To be used only in ECF cases
EREO	Institution establishment/reorganisation Advice and assistance on establishment or reorganisation of educational institution	To be used only in ECF cases
EEQU	Contravention of Equality 2010 (non-Disability Discrimination) Advice and assistance on a contravention of Part 6 of the Equality Act 2010 other than cases captured by code EDDA.	
EDJR	Judicial review Initial advice on a judicial review (including, for example, challenges about admissions and exclusions following an appeal to an IAP or IRP)	
EDOT	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.	To be used only in ECF cases

F1.2.2 Matter Type 2: Who the matter involves

Use the appropriate Matter Type 2 code to accurately the institution to which the case primarily relates.

Code	Description
ENUR	Nursery Includes private and local authority nurseries.

EDSC	School Includes academies and free schools.
EPRU	PRU Pupil referral unit or equivalent.
ECOL	Non – university college All post 16 provision other than universities.
EUNI	University
EAAP	AAP Independent appeal panel and other panels hearing appeals on admission to an educational institution.
ELOC	Local authority
EIAP	IAP Independent review panel and other panels considering exclusion from an educational institution.
ESOS	SOS / DfES Secretary of State for Education or Department for Education.
EHEF	HEFC / Other Organisations responsible for allocating resources to and regulating higher education, such as the Office for Students, Research England, and Higher Education Funding Council (legacy only).
EOTH	Other

F2.2 Stage Reached

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

EA	First meeting Matters that conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice.
EB	Further work Matters where further work is carried out beyond the first meeting, but where there has been no contact with the potential opposing party.

EC	Putting case for the client Matters involving correspondence with the opposing party for the purposes of putting the case, including pre-action protocol letters, but no proceedings issued.
ED	Tribunal and court proceedings Work carried out assisting client with proceedings in a tribunal or court, including preparation of representations and evidence for the tribunal/court.

F.2.3 Outcome for the client

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

F2.3.1 Matter concluded

Code	Description
EA	Client receives damages Applies to cases where damages have been agreed in relation to school negligence claims, including claims for personal injuries suffered in schools, and other agreed compensation. Includes compensation ordered by an ombudsman or other similar body.
EB	Client receives new or increased periodical payment For example, a higher direct payment under SEN legislation.
EC	Client receives damages or property and new or increased periodical payments To be used where both EA and EB are achieved.
ED	Sum owed by client is reduced or less than claimed May apply to fees disputes, including colleges and universities. May apply to fines levied by further and higher education institutions.
EE	Liability of client to make regular payments is reduced or less than claimed As above under ED where payments are made regularly.
EF	Opponent/other party action benefits client Applies to outcomes providing non-financial benefits. Includes favourable decisions by the First-Tier Tribunal (SEN), IAPs, IRPs, and favourable settlement of disputes prior to court or tribunal action.
EG	Opponent/other party action prevented Applies where threats of action (e.g. school or college exclusion, parenting and attendance orders,) have been averted.

EH	Opponent/other party action delayed May apply where above examples under EG have been delayed.
EI	Client secures explanation or apology only Applies to formal and informal complaints resolved in client's favour without financial compensation.
EJ	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
EK	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

F2.3.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
EU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
EV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
EW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
EX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
EY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
EZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex G: Family

G1. Reporting Codes

G.1.1 Fee codes

The Submit a Bulk Claim system introduce new category specific fee codes that Providers are required to report when submitting claims for Controlled Work to ensure that they are accurately paid inline with the 2013 Civil Legal Aid (Remuneration) Regulations for the case being claimed.

The fee codes used on each claim should link to the relevant Matter Type 1 and 2 codes, the Case/Stage level and the Outcome codes that you report on the Submit A Bulk Claim system. If the codes do not match up, then the **claim may be rejected** and you will need to resubmit the claim using an appropriate code combination. The Matter Type 1 and 2 codes used should be the codes that are most appropriate when reporting the matter at the end of the case.

Fee Code	Fee Code Description	Fixed Fee Paid(£) London	Escape Fee Paid(£) London	Fixed Fee (£) Non-London	Escape Fee Paid (£) Non-London	Conditions
FPB010	Public Legal Help Fixed Fee	£132	£396	£132	£396	Level 1 Fee only. Matter Type 1 codes: FAMX Matter Type 2 codes: FADV, FCHG, FCHS, FOTH Case/Stage Reach code: FPC01 Outcome codes: FC, FT, FU, FV, FY, FZ
FPB020	Public Family Help Lower Fixed Fee (Section 31 Children Act 1989 Care or Supervision Pre-proceedings Only)	£365	£1,095	£365	£1,095	Level 2 Fee only. Matter Type 1 codes: FAMW Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPC02 Outcome codes: FC, FS, FT, FU, FV, FW, FX, FY, FZ F: FC, FS, FT, FU, FV, FW, FX, FY, FZ
FPB030	Public Legal Help + Family Help Lower (Public Family Help Lower can be claimed for Section	£497	£1,491	£497	£1,491	Level 1 & 2 Fee only. Matter Type 1 codes: FAMW Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPC03

	31 Pre-proceedings Only)					Outcome codes: FC, FS, FT, FU, FV, FW, FX, FY, F: FC, FS, FT, FU, FV, FW, FX, FY, FZ
FVP100	Private Legal Help Fixed Fee - Divorce Petitioner Only	£146	£438	£146	£438	Level 1 Fee only. Matter Type 1 codes: FAMA, FAMB Matter Type 2 codes: FADV, FAPP, FPET Case/Stage Reach code: FPL10 Outcome codes: FA, FB, FC, FT, FU, FV, FZ
FVP012	Private Legal Help Fixed Fee - Divorce Respondent Only	£86	N/A	£86	N/A	Level 1 Fee only. Matter Type 1 codes: FAMA, FAMB Matter Type 2 codes: FREP, FRES Case/Stage Reach code: FPL01 Outcome codes: FA, FB, FC, FT, FU, FV, FY, FZ
FVP011	Private Legal Help Fixed Fee - Domestic Abuse	£86	£258	£86	£258	Level 1 Fee only. MatterType 1 codes: FAMC Matter Type 2 codes: FADV, FAPP, FREP, FOTH Case/Stage Reach code: FPL01 Outcome codes: FA, FB, FC, FT, FU, FV, FW, FX, FY, FZ
FVP013	Private Legal Help Fixed Fee - Child Abduction (International)	£86	£258	£86	£258	Level 1 Fee only. Matter Type 1 codes: FAM1 Matter Type 2 codes: FADV, FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code FPL01 Outcome codes: FC, FT, FU, FV, FW, FX, FY, FZ
FVP010	Private Legal Help Fixed Fee - Children or Finance	£86	N/A	£86	N/A	Level 1 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMK, FAML,

						FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FMEC, FMEF, FMEA, FADV, FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL01 Outcome codes: FC, FD, FJ, FT, FU, FV, FY, FZ
FVP110	Private Family Help Lower Fixed Fee - Children (settled)	£368	£690	£318	£597	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL11 Outcome codes: FE or FF
FVP130	Private Family Help Lower Fixed Fee - Children (not settled)	£230	£690	£199	£597	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL13 Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP120	Private Family Help Lower Fixed Fee - Finance (settled)	£386	£723	£333	£624	Level 2 Fee only. Matter Type 1 codes: FAME, FAMK, FAML, FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL12

						Outcome codes: FE, FF, FG, FH, FI or FJ
FVP140	Private Family Help Lower Fixed Fee - Finance (not settled)	£241	£723	£208	£624	Level 2 Fee only. Matter Type 1 codes: FAME, FAMK, FAML, FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL14 Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP150	Private Family Help Lower Fixed Fee - Children & Finance (both settled)	£754	£1,413	£651	£1,221	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMK, FAML, FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: Case/Stage Reach code: FPL15 Outcome codes: FE, FF, FG, FH, FI or FJ
FVP180	Private Family Help Lower Fixed Fee - Children & Finance (neither settled)	£471	£1,413	£407	£1,221	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMK, FAML, FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL18 Outcome codes: FD, FE, FF, FG, FH, FI, FJ
FVP160	Private Family Help Lower Fixed Fee - Children & Finance (children settled)	£609	£1,413	£526	£1,221	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMK, FAML, FAMM, FAMN, FAMO, FAMP,

						FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL16 Outcome codes: FD, FE, FF, FG, FH, FI, FJ
FVP170	Private Family Help Lower Fixed Fee - Children & Finance (finance settled)	£616	£1,413	£532	£1,221	Level 2 Fee only. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMH, FAMI, FAMJ, FAMK, FAML, FAMM, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS, FAMZ, FAM3, FAM2, [FAMT], [FAMU] Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL17 Outcome codes: FD, FE, FF, FG, FH, FH, FI, FJ
FVP190	Help with Mediation Advice Only	£150	N/A	£150	N/A	Level 3 Fee only. Matter Type 1 code: FAMY Matter Type 2 codes: FMEC, FMEF, FMEA Case/Stage Reach code: FPL19 Outcome codes: FC, FD, FS, FT, FU, FV, FY, FZ
FVP200	Help with Mediation Finance Consent Order Only	£200	N/A	£200	N/A	Level 3 Fee only. Matter Type 1 codes: FAMY Matter Type 2 codes: FMEC, FMEF, FMEA Case/Stage Reach code: FPL20 Outcome codes: FC, FD, FS, FT, FU, FV, FW, FX, FY, FZ
FVP210	Help with Mediation Advice & Finance Consent Order	£350	N/A	£350	N/A	Level 3 Fee only. Matter Type 1 codes: FAMY Matter Type 2 codes: FMEC, FMEF, FMEA Case/Stage Reach code: FPL21

						Outcome codes: FC, FD, FS, FT, FU, FV, FW, FX, FY, FZ
FVP020	Private Family Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children (settled)	£454	£948	£404	£855	Level 1 & 2 Fee. Matter type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL02 Outcome Code: FE or FF
FVP040	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children (not settled)	£316	£948	£285	£855	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL04 Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP030	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Finance (settled)	£472	£981	£419	£882	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL03 Outcome codes: FE, FF, FG, FH, FI or FJ
FVP050	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Finance (not settled)	£327	£981	£294	£882	Level 1 and 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL05

						Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP060	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children & Finance (both settled)	£840	£1,671	£737	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL06 Outcome codes: FE, FF, FG, FH, FI or FJ
FVP090	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children & Finance (neither settled)	£557	£1,671	£493	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL09 Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP070	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children & Finance (children settled)	£695	£1,671	£612	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL07 Outcome codes: FD, FE, FF, FG, FH, FI, FJ
FVP080	Private Legal Help Fixed Fee (Children or Finance) + Family Help Lower Fixed Fee - Children & Finance (finance settled)	£702	£1,671	£618	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMD, FAME, FAMF, FAMG, FAMK, FAML, FAMM, FAMV, FAMZ, FAM3, FAM2 Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL08

						Outcome codes: FD, FE, FF, FG, FH, FI, FJ
FVP021	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children (settled)	£454	£948	£404	£855	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP,FREP,FCHG,FCHS,FOTH Case/Stage Reach code: FPL02 Outcome codes: FE, FF
FVP041	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children (not settled)	£316	£948	£285	£855	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL04 Outcome codes: FS,FT,FU,FV,FW,FX,FY,FZ
FVP031	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Finance (settled)	£472	£981	£419	£882	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL03 Outcome codes: FE, FF, FG, FH, FI or FJ
FVP051	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Finance (not settled)	£327	£981	£294	£882	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL05 Outcome codes: FS,FT,FU,FV,FW,FX,FY,FZ
FVP061	Private	£840	£1,671	£737	£1,479	Level 1 & 2 Fee.

	Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children & Finance (both settled)					Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL06 Outcome codes: FE, FF, FG, FH, FI or FJ
FVP091	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children & Finance (neither settled)	£557	£1,671	£493	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL09 Outcome codes: FS, FT, FU, FV, FW, FX, FY, FZ
FVP071	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children & Finance (children settled)	£695	£1,671	£612	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL07 Outcome codes: FD, FE, FF, FG, FH, FI, FJ
FVP081	Private Legal Help Fixed Fee (Domestic Abuse) + Family Help Lower Fixed Fee - Children & Finance (finance settled)	£702	£1671	£618	£1,479	Level 1 & 2 Fee. Matter Type 1 codes: FAMH, FAMI, FAMJ, FAMN, FAMO, FAMP, FAMQ, FAMR, FAMS Matter Type 2 codes: FAPP, FREP, FCHG, FCHS, FOTH Case/Stage Reach code: FPL08 Outcome codes: FD, FE, FF, FG, FH, FI, FJ

G.1.2 Matter Type Codes

There are two types of Matter Type codes. Matter Type 1 codes relate to what the matter is about, and the Matter Type 2 codes relate to who the matter involves.

Matter Type 1 codes

The codes used in a claim should most closely reflect the matters on which the advisor has given substantive assistance in relation to the client. For example, if the advisor has provided assistance in relation to divorce proceedings and has also given advice on contact issues, then code FAMF should be used.

The table below summarises the **Matter Type 1 codes** and the conditions in which they should be used:

Code	Description	Conditions
FAMA	Divorce/Judicial Separation/Nullity	Can only be used at Level 1 (LH).
FAMB	Dissolution of Civil Partnership	Can only be used at Level 1 (LH).
FAMC	Domestic Abuse (Only)	Can only be used at Level 1 (LH).
FAMD	Private Law Children only	Level 1 (LH) and Level 2 (FHL)
FAME	Private Law Children and Financial Provision	Level 1 (LH) and Level 2 (FHL)
FAMF	Private Law Children and Divorce/Judicial Separation/Nullity	Level 1 (LH) and Level 2 (FHL)
FAMG	Private Law Children and Civil Partnership Dissolution	Level 1 (LH) and Level 2 (FHL)
FAMH	Private Law Children and Domestic Abuse	Level 1 (LH) and Level 2 (FHL)
FAMI	Private Law Children, Domestic Abuse and Divorce/Judicial Separation/Nullity	Level 1 (LH) and Level 2 (FHL)
FAMJ	Private Law Children, Domestic Abuse and Civil Partnership Dissolution	Level 1 (LH) and Level 2 (FHL)
FAMK	Financial Provision Only	Level 1 (LH) and Level 2 (FHL)
FAML	Financial Provision and Divorce/Judicial Separation/Nullity	Level 1 (LH) and Level 2 (FHL)
FAMM	Financial Provision and Civil Partnership Dissolution	Level 1 (LH) and Level 2 (FHL)
FAMN	Financial Provision and Domestic Abuse	Level 1 (LH) and Level 2 (FHL)

FAMO	Financial Provision, Domestic Abuse and Divorce/Judicial Separation/Nullity	Level 1 (LH) and Level 2 (FHL)
FAMP	Financial Provision, Domestic Abuse and Civil Partnership Dissolution	Level 1 (LH) and Level 2 (FHL)
FAMQ	Financial Provision, Private Law Children and Domestic Abuse	Level 1 (LH) and Level 2 (FHL)
FAMR	Financial Provision, Private Law Children, Domestic Abuse and Divorce/Judicial Separation/Nullity	Level 1 (LH) and Level 2 (FHL)
FAMS	Financial Provision, Private Law Children, Domestic Abuse and Civil Partnership Dissolution	Level 1 (LH) and Level 2 (FHL)
FAMT	Family Wills (The DA/CA criteria is not applicable to this code)	To be used only in ECF cases. NB. Level 1 (LH) only
FAMU	Change of Name applications (The DA/CA criteria is not applicable to this code)	To be used only in ECF cases. NB. Level 1 (LH) only
FAMV	Other	Level 1 (LH) and Level 2 (FHL)
FAMW	Public Law Proceedings – Section 31 Care Proceedings	Level 1 (LH) and Level 2 (FHL)
FAMX	Public Law Proceedings – Other	Level 1 (LH) only
FAMZ	Financial Provision, Private Law Children and Divorce / Judicial Separation / Nullity	Level 1 (LH) and Level 2 (FHL)
FAMY	Advice in support of Family Mediation	Level 1 (LH) only
FAM1	Child Abduction International	Can only be used at Level 1 (LH).
FAM2	Child Abduction Domestic	Level 1 (LH) and Level 2 (FHL)
FAM3	International Agreements concerning maintenance (NB. Please note that the IT system will still refer to EU and International Agreements concerning maintenance)	Level 1 (LH) and Level 2 (FHL)

G1.1.3 Matter Type 2 codes: who the matter involves

The table below summarises the **Matter Type 2 codes** and the conditions in which they should be

Code	Description
FPET	Client is the petitioner in Divorce/Judicial Separation/Nullity/Dissolution of Civil Partnership Client is the petitioner and the code used in Part I indicates that assistance is being provided to the client in connection with divorce/civil partnership dissolution.
FRES	Client is the respondent in Divorce/Judicial Separation/Dissolution of Civil Partnership Client is the respondent and the code used in Part I indicates that assistance is being provided to the client in connection with divorce/civil partnership dissolution.
FMEC	Where the client is seeking advice in connection with mediation – children
FMEF	Where the client is seeking advice in connection with mediation – finance
FMEA	Where the client is seeking advice in connection with mediation – all issues
FADV	Client is seeking advice only Where no proceedings have been issued and client is seeking advice only.
FAPP	Client is or would be the applicant where proceedings issued Where proceedings have already been issued and the client is the applicant.
FREP	Client is or would be the respondent where proceedings issued Where proceedings have already been issued and the client is the respondent.
FCHG	Client is a child with a guardian
FCHS	Client is a child instructing solicitor directly

G.1.1.4 Case/Stage Level codes

Case/Stage level code used on each claim should link to the Fee code, Matter Type 1 and 2 codes and the Outcome code that you report on the Submit a Bulk Claim system. If the codes do not match up then the **claim may be rejected** and you will need to resubmit the claim using an appropriate code combination. NB. The Matter Type 1 and Matter Type 2 code should be the codes that are most appropriate when reporting the matter at the end of the case.

Different codes are used depending on the stage at which the case starts and finishes, the categories of work involved, and the outcome of the case.

Codes for a Level 2 fee may not be used with Matter Type 1 codes FAMA, FAMB, FAMC, FAMT, and FAMU, or with matter type 2 codes FADV and FPET.

The codes are set out in the table below with specific guidance on each code:

Case Stage/Level Code	Description
FPL01	This code should be used when only the Level 1 fee is being claimed and no further work at controlled work level is undertaken for the client (although further work may be undertaken for the client under a certificate). This code should always be used for cases that involve advice on domestic abuse only, advice on child abduction or child maintenance where the CSA has jurisdiction. This code should also be used where advice was provided on divorce only but no proceedings were issued. In these cases the Matter Type 2 code FADV 'client seeks advice only' should be used. Where you are acting for a respondent in an undefended divorce proceedings you should use this code and the Matter Type 2 code will be FREP. In both these cases the Matter Type 1 code should be FAMA or FAMB. If you are acting for a petitioner in undefended divorce proceedings and where proceedings have been issued then you should use FPL10.
FPL02	This code should be used where the case involves children issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the children case is settled at Level 2. This includes settlement through mediation. This code should only be used where the outcome code for the case is FE or FF.
FPL03	This code should be used where the case involves finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the case is settled at Level 2 and there is a written agreement in relation to the financial issues. This includes settlement through mediation. This code should only be used where the outcome code for the case is FE, FF, FG, FH, FI or FJ. The written agreement may take the form of a consent order, a separation agreement or other written agreement.
FPL04	This code should be used where the case involves children issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the children issues are not settled at Level 2 e.g. a certificate is applied for to issue proceedings in respect of the children issues or the client ceases to give instructions or the client reconciles.
FPL05	This code should be used where the case involves finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the financial issues are not settled at Level 2 e.g. a certificate is applied for to issue proceedings in respect of the financial issues or the client ceases to give instructions or the client reconciles.

FPL06	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and 2 and the case is settled at Level 2 in respect of both the children and financial issues and there is a written agreement in relation to the financial issues. This includes settlement through mediation. This code should only be used where the outcome code for the case is FE, FF, FG, FH, FI or FJ.
FPL07	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the case is settled at Level 2 in respect of the children issues but not the financial issues.
FPL08	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the case is settled at Level 2 in respect of the financial issues so that there is a written agreement but not settled in respect of the children issues. The written agreement may take the form of a consent order, a separation agreement or other written agreement.
FPL09	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and work is undertaken at Level 1 and Level 2 and the case is not settled for either the children or the finance issues.
FPL10	This code should only be used where you are representing the petitioner in undefended divorce proceedings (or dissolution of a civil partnership).
FPL11	This code should be used where the case involves children issues (with or without issues around divorce and/or domestic abuse) and the case is settled before Level 2 but no work is undertaken at Level 1. This includes settlement through mediation. This code should only be used where the outcome code for the case is FE or FF.
FPL12	This code should be used where the case involves finance issues (with or without issues around divorce and/or domestic abuse) and the case is settled at Level 2 and there is a written agreement in relation to the financial issues but no work is undertaken at Level 1. The written agreement may take the form of a consent order, a separation agreement or other written agreement. This includes settlement through mediation. This code should only be used where the outcome code for the case is FE, FF, FG, FH, FI or FJ.

FPL13	This code should be used where the case involves children issues (with or without issues around divorce and/or domestic abuse) and no work is undertaken at Level 1 and the children issues are not settled at Level 2 e.g. a certificate is applied for to issue proceedings in respect of the children issues or the client ceases to give instructions or the parties reconcile.
FPL14	This code should be used where the case involves finance issues (with or without issues around divorce and/or domestic abuse) and no work is undertaken at Level 1 and the financial issues are not settled at Level 2 e.g. a certificate is applied for to issue proceedings in respect of the financial issues or the client ceases to give instructions or the parties reconcile.
FPL15	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and no Level 1 work is undertaken and the case is settled at Level 2 in respect of both the children and financial issues and there is a written agreement in relation to the financial issues. The written agreement may take the form of a consent order, a separation agreement or other written agreement.
FPL16	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and no work is undertaken at Level 1 and the case is settled at Level 2 in respect of the children issues but not the financial issues.
FPL17	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and no work is undertaken at Level 1 and the case is settled at Level 2 in respect of the financial issues and there is a written agreement but not settled in respect of the children issues.
FPL18	This code should be used where the case involves children and finance issues (with or without issues around divorce and/or domestic abuse) and no work is undertaken at Level 1 and the case is not settled for either the children or the finance issues.
FPL 19	This code should be used where advice is provided on children and/or finance and property issues in support of family mediation (Help with Family Mediation).
FPL20	This code should be used only where the case requires the drafting and issuing of proceedings to obtain a consent order which is approved by the court.

FPL21	This code should be used where advice is provided on children and/or finance and property issues in support of family mediation (Help with Family Mediation) and where the case requires the drafting and issuing of proceedings to obtain a consent order which is approved by the court.
FPC01	This code should be used when only the Level 1 fee is being claimed and no further work is undertaken for the client pre-proceedings. This code covers all types of Public Law Children work. This code should only be used with matter types FAMW and FAMX.
FPC02	This code should be used when there is pre-proceedings advice to the client involving negotiation with the Local Authority about the issue of proceedings and no work has been undertaken at Level 1. This level of advice cannot be claimed unless the client has received a Notice of Intention to Issue Proceedings from the Local Authority. This code may only be used in potential care and supervision proceedings where the Matter Type 1 code is FAMW and may only be used when representing the parents of the child or those with parental responsibility subject to the potential care order.
FPC03	This code should be used when there is pre-proceedings advice to the client involving negotiation with the Local Authority about the issue of proceedings and work was previously undertaken at Level 1. This level of advice cannot be claimed unless the client has received a Notice of Intention to Issue Proceedings from the Local Authority. This code may only be used in potential care and supervision proceedings where the Matter Type 1 code is FAMW and may only be used when representing parents of the child or those with parental responsibility subject to the potential care order.

G2. Outcome for the client

The endpoint code should reflect the most significant outcome for the client. If, for example, the client has been advised in relation to both divorce and financial provision, then Endpoint Codes FG, FH and FI will in most cases be appropriate if the client received financial benefit.

G2.1 Matter concluded

Code	Description
FA	Decree Absolute/Dissolution obtained Client has been assisted in relation to divorce/dissolution as noted in Part I and decree absolute/dissolution obtained.
FB	Client and partner reconciled Client reconciled with partner and no further action therefore necessary.

FC	Advice given – no further action required Client required advice only and no further action necessary.
FD	Client participated in mediation and settlement reached Client advised and referred to mediation and no further work required.
FE	Settlement with benefit for the client The client received some other benefit not included in the codes below. This may include a pension sharing order or other non-financial benefit such as improved arrangements for the client's children.
FF	Settlement with no benefit for the client Matter has settled but the client has received no benefit, financial or otherwise.
FG	Client received lump sum/property adjustment AND periodical payments To be used in cases where the client receives a lump sum or property adjustment order and also periodical payments.
FH	Client received lump sum/property adjustment To be used in cases where the client has received a lump sum or property adjustment order.
FI	Client received periodical payments Client received periodical payments only.
FJ	Liability to pay other side avoided or reduced Benefit to client is that liability claimed by other side or third party is avoided or reduced.

G2.2 Matters not concluded

Code	Description
FS	Client participated in mediation and no settlement reached
FT	Client ceased to give instructions Where contact with the client has been lost or the client has indicated that they do not wish to instruct the solicitor further.
FU	File transferred to another solicitor Client instructs another solicitor in the same matter.
FV	Matter stopped on advisor's recommendation Where the advisor concludes that no further progress can be made or the client does not have sufficient prospects of success to justify further expenditure of legal aid funds.
FW	Matter proceeding under other Civil Legal Aid where the client is the Applicant Where the client has been granted further Civil Legal Aid to make an application, typically a Family Help (Higher) or Legal Representation certificate.

FX	Matter proceedings under other Civil Legal Aid where the client is the Respondent Where the client has been granted further Civil Legal Aid as respondent to an application, typically a Family Help (Higher) or Legal Representation certificate.
FY	Client referred to another contracted supplier for advice in a different category Client is referred to another provider in a non-family category.
FZ	Client referred to a non-funded service Client is referred to another organisation.

G3. Exemption Criteria Codes

Clients may be eligible for out –of- scope family matters if the case involves:

- an aspect of domestic abuse (DA) or child abuse (CA); or
- clients under the age of 18 years old.

G3.1 Family Cases involving Domestic Abuse or Child Abuse

For family cases involving DA or CA, providers will be required to indicate how the case meets the DA or CA criteria. NB. If the client is under 18 at the time the matter is opened, they do not need to satisfy these criteria.

At Legal Help providers will be required to indicate, when using an out-of-scope code combination, which specific DA or CA criterion has been satisfied when the outcome of a case is reported.

For Legal Help matters the provider will not be required to request prior approval to conduct the case in these circumstances but will instead be required to retain the necessary evidence on file.

The criteria can be found in Schedule 1 (Regulation 33) and Schedule 2 (Regulation 34) of the 2012 Civil Legal Aid (Procedure) Regulations:

[The Civil Legal Aid \(Procedure\) Regulations 2012](#)

G3.2 Family cases involving clients under the age of 18 years old

If the client is less than 18 years of age at the point at which the case is started (the Legal Help form is signed) the additional criteria will not need to be satisfied.

The table below summarises the relevant exemption codes to be used in relation to private family law matters:

Issue present in case	Criterion/test which needs to be satisfied in order for the case to be funded	Reporting Code	System description
Domestic Abuse	There is or has been a protective order or injunction in place against the ex-partner (or in the case of forced marriage against any other person).	DV001	Domestic Abuse – injunction or protective order
Domestic Abuse	The other party has been convicted of a criminal offence, subject to a relevant caution or subject to a bind over concerning violence or abuse towards the applicant (unless the conviction is spent).	DV002	Domestic Abuse – relevant conviction, caution or bind over
Domestic Abuse	There are on-going criminal proceedings for a domestic abuse offence by the other party towards the applicant for funding.	DV003	Domestic Abuse – on-going criminal proceedings for a domestic abuse offence by the other party towards the applicant
Domestic Abuse	The victim has been referred to a Multi-Agency Risk Assessment Conference (MARAC) (or other suitable safeguarding forum) and a plan has been put in place to protect them from violence or abuse by the other party. (MARACs include agencies such as the police, the local authority, primary care trusts and Victim Support and share information to provide better support to DA victims).	DV004	Domestic Abuse - victim has been referred to a Multi-Agency Risk Assessment Conference (MARAC) and a plan has been put in place to protect them from violence or abuse by the other party
Domestic Abuse	There has been a finding of fact in the family courts of domestic abuse by the other party giving rise to the risk of harm.	DV005	Domestic Abuse – There has been a finding of fact in the family courts of domestic abuse by the other party giving rise to the risk of harm
Domestic Abuse	Undertaking from the respondent.	DV006	Domestic Abuse – undertaking from the respondent
Domestic Abuse	An appropriate health professional confirms that the applicant has had injuries consistent with those of a victim of domestic abuse.	DV008	Domestic Abuse– a defined appropriate health professional report/letter

Domestic Abuse	Referral from an appropriate health professional to a domestic abuse support service.	DV011	Domestic Abuse – referral to Domestic Abuse support service
Domestic Abuse	Evidence that the individual has suffered or is at risk of being subjected to Economic Abuse by the other party.	DV012	Domestic Abuse – Evidence of Economic/Financial Abuse
Domestic Abuse	A letter or report from an organisation offering support services relating to domestic abuse in the UK, confirming that an individual who is or was in a family relationship with the perpetrator has been refused admission to a refuge.	DV013	Domestic Abuse- Letter or report from a DA Support Organisation related to a victim of Domestic Abuse refusal to a refuge
Domestic Abuse	A letter from an officer employed by a local authority or housing association (or their equivalent in Scotland and Northern Ireland) for the purpose of supporting tenants who are or at risk of being a victim of domestic abuse by the perpetrator.	DV014	Domestic Abuse- Letter from a Local Authority or Housing Association confirming that the individual was assessed as being or at risk of being a victim of Domestic Abuse
Domestic Abuse	Either a letter or copy of assessment from a Public Authority or an expert report produced as evidence in proceedings in the UK for a court or tribunal, confirming that a person who is or was in family relationship with the perpetrator is or is at risk of being a victim of domestic abuse.	DV015	Domestic Abuse-Letter or copy of assessment from a Public Body or an expert report for the benefit of a court or tribunal confirming that the individual was assessed as being or at risk of being a victim of Domestic Abuse
Domestic Abuse	The evidence must be a letter from the Secretary of State for the Home Department confirm the individual has been granted leave to enter or leave to remain in the UK as a victim of Domestic Abuse.	DV016	Domestic Abuse- Letter from Secretary of State for the Home Department confirming individual has been granted leave to remain in the United Kingdom under paragraph 289B of the Immigration Rules. NB. As of 8 January 2018 this code relates to Para 20, Schedule 1, Regulation 33 of the 2012 Civil Legal Aid (Procedure) Regulations.

Domestic Abuse	A letter from an organisation providing domestic abuse support services or a registered charity confirming that they have provided support to an individual who is a victim, or a risk of domestic abusee. NB. The organisation must have been operating for an uninterrupted period of 6 months.	DV017	Domestic Abuse- Letter from an organisation providing Domestic Abuse support services
Domestic Abuse	The other party is or has been under investigation for a domestic abuse offence.	DV018	Domestic Abuse- Evidence that the perpetrator is, or has been under investigation for a Domestic Abuse Offence
Domestic Abuse	Evidence from either an Independent Domestic Violence Advisor/ Advocate (IDVA) or and Independent Sexual Violence Advisor / Advocate (ISVA) confirming that they are supporting the individual regarding a domestic abuse or sexual violence offence.	DV019	Domestic Abuse- Letter from an Independent Domestic Violence Advisor (IDVA) or an Independent Sexual Violence Advisor (ISVA)
Child Abuse	There is a relevant conviction of a criminal offence or caution for a child abuse offence against a party other than the applicant in relation to the child who is the subject of the order (unless the conviction is spent).	CA001	Child Abuse - conviction, caution or bind over for child abuse offence
Child Abuse	There are on-going criminal proceedings for a child abuse offence against the person from whom the protective party is seeking to protect the child	CA002	Child Abuse - Ongoing criminal proceedings for child abuse
Child Abuse	There is or has been a protective order or injunction in place for protection of the child who is subject to the order (or in the case of forced marriage against any other person).	CA003	Child Abuse - application for injunction or protective order
Child Abuse	A local authority has put a Child Protection Plan in place to protect the child who is the subject of the proceedings	CA004	Child Protection plan in place

Child Abuse	A social services department confirms that the child has been assessed as being or at risk of being a victim of child abuse.	CA005	Child Abuse - Social Services letter
Child Abuse	There is a relevant finding of fact by the courts that child abuse on the part of the person from whom the protective party is seeking to protect the child has occurred	CA006	Child Abuse - Finding of fact of child abuse
Child Abuse	An application for a prohibited steps order has been made in addition to an application for a protective order or injunction, which has not yet been decided by court.	CA007	Child abuse - Prohibited steps in addition to protective order or injunction
Child Abuse	The other party is on police bail for a child abuse offence. <u>NB. For matters opened on/ or after the 8th January 2018 this code will relate to the other party being under investigation for a child abuse offence.</u>	CA008	Child Abuse - police bail
Client is under 18	Client Date of Birth under 18 at date of signature	UA001	Family Case Client Under 18. NB. This exemption code can also be used for parents/those with Parental Responsibility making an application for a Special Guardianship Orders in private family law.

G4. Claiming fees for Divorce (Private Family Law only)

An enhanced petitioner's fee is available where the solicitor is advising the client on divorce proceedings, **the divorce proceedings are issued** and there are no children or finance issues which justify any other levels of funding (including Family Help (Higher)). The FVP100 fee code (Private Family LH Fixed Fee - Divorce Petitioner Only) should only be used in these cases.

Where other levels of funding are provided in relation to children and/or finance issues the FVP100 fee cannot be claimed. However, an Escape Fee may be claimed if the relevant fee threshold is met.

When using the code FVP100 fee code the Matter Type 2 'FPET' (client is the petitioner in a divorce, judicial separation, nullity or in dissolution of civil partnerships cases). This is because this is the code that deals specifically with the Divorce Petitioner fee.

In these cases the Matter Type1 code reported must be either FAMA (Divorce/Judicial Separation/Nullity) or FAMB (Dissolution of Civil Partnership).

Therefore, to claim the enhanced petitioner fee then the following combination of codes should be used.

Fee Code	Stage Code	Matter Type 1	Matter Type 2
FVP100	FPL10	FAMA or FAMB	FPET

Where advice was provided on divorce only, but the FVP100 fee code and the Case/Stage Level FPL10 are not appropriate as there were no proceedings issued, the provider should use the FVP012 fee code and the FLP01 Case/Stage level code with the Matter Type 2 code FADV 'client seeks advice only' rather than FPET.

Where advice was provided on divorce as well as children and/or finance work, making a Level 1 (Legal Help) and Level 2 (Family Help Lower) claim applicable, then the Matter Type 2 Code FAPP 'client is or would be the applicant where proceedings were issued' should be used and FREP 'client is or would be the respondent where proceedings were issued' should be used.

G5. Claiming a Level 2 fee

Paragraph 7.58 of the 2024 Standard Civil Contract Family Specification sets out the circumstances when a Level 2 (Family Help Lower) fee may be claimed. It states:

Criteria for Family Help (Lower) – meaning of “significant family dispute”

You may only grant Family Help (Lower) where all relevant criteria set out paragraph 7.58 of the 2025 Standard Civil Contract – Family Specification are satisfied, taking into account any guidance on those criteria as published on our website.

G6. Claiming Escape Fees for Family Law Matters

In private family law a provider can submit an escape claim at level 1 (Legal Help) only where the substantive matter relates to domestic abuse, divorce (petitioner only) or child abduction (international only). The following Matter Type 1 codes should be used for these types of claims:

- FAMA
- FAMB
- FAMC
- FAM1

If advice has been provided on a number of issues and no code is available for the precise matter combination then the general codes FAMR and FAMS should be used although there may be a matter type listed within this code on which the advisor did not provide assistance.

Where the provider submits a private family law claim where the case escapes from a level 2 (Family Help (Lower)) standard fee, the time spent both under level 2 (Family

Help (Lower) and under level 1 (Legal Help) in relation to the same matter must be considered.

To escape, the total fees calculated on an Hourly Rate basis must be at least three times the aggregate of the level 1 (Legal Help) Standard Fee and the level 2 (Family Help (Lower) Standard Fee.

If work at level 2 (Family Help (Lower) was provided for both Finance and Children issues, the case will only escape from the Standard Fee if the total fees for all Aspects on an Hourly Rates basis are at least three times the aggregate of the level 1 (Legal Help) Standard Fee, the level 2 (Family Help (Lower) Standard Fee for Children and the level 2 (Family Help (Lower)) Standard Fee for Finance. If the case as a whole escapes the Standard Fees in this way, all the work may then be claimed under Hourly Rates.

G7. Claiming a settlement fee (Private Family Law only)

Where a settlement fee is claimed the 'Outcome' for the client cannot be one of the 'Matter not concluded' codes. The case has to have concluded for a settlement to be reached.

When a settlement fee is claimed (i.e. where fee codes: FVP020, FVP021, FVP030, FVP031, FVP060, FVP061, FVP070, FVP071, FVP080, FVP081, FVP110, FVP120, FVP150, FVP160, FVP170 and Case/Stage level codes FPL02, FPL03, FPL06, FPL07, FPL08, FPL11, FPL12, FPL15, FPL16, FPL17 are used) only the following 'outcome for the client' codes may be appropriate:

- FD: Client referred to mediation and resolved through mediation
- FE: Settlement with benefit for the client
- FF: Settlement with no benefit for the client
- FG: Client received lump sum/property adjustment and periodical payments
- FH: Client received lump/property adjustment
- FI: Client received periodical payments
- FJ: Liability to pay other side avoided or reduced

G8. Reporting further work

There are many cases where you may undertake further work for a client but only claim a Level 1 (Legal Help) fee. In these cases it may on occasion be more accurate to use the Outcome code FB as the case did not conclude at the first meeting.

Specific Fields in the Submit a Bulk Claim system

London/ Non-London Rate?

Select "Yes" in this field where the case is undertaken by a provider whose contracted office, where the matter was conducted, is based in London.

Select N where the case is undertaken by a provider whose contracted office, where the matter was conducted, is not based in London.

Value of costs/Damages recovered

This field should record the total value of costs or damages recovered by client. This will be filled in where the statutory charge arises at Level 2 (Family Help Lower).

Local Authority Number (Public Family Law only)

This field should be completed in Care & Supervision cases where the Local Authority has provided written notice of its intention to issue proceedings. The number recorded should be the reference number on the Local Authority correspondence. If the Local Authority has not provided a reference number then 000 should be entered.

Client Type (Public Family Law only)

The following codes should be used when completing the client type column.

Client Type	Code
Parent (or person with parental responsibility)	P
Child	C
Joined party	J

The table below sets out a summary of codes where the Level 1, Level 2 and Level 1 and 2 fees are claimable

Code	Divorce/ Judicial Separation/ Nullity	Civil Partnership Dissolution	Domestic Abuse	Private Law Children	Financial Provision
FAMD				X	
FAME				X	X
FAMF	X			X	
FAMG		X		X	
FAMH			X	X	
FAMI	X		X	X	
FAMJ		X	X	X	X
FAMK					X
FAML	X				X
FAMM		X			X
FAMN			X		X
FAMO	X		X		X
FAMP		X	X		X
FAMQ			X	X	X

FAMR	X		X	X	X
FAMS		X	X	X	X
FAMZ	X			X	X

Annex H: Housing

H1 Reporting Codes:

Fee Code for SABC

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
HOUS	Housing Fixed Fee	£157	£471

H1.1 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

H1.1.1 Matter Type 1: What the matter is about

Code	Description	Condition
HMOR	Possession – Mortgage a) a claim for possession is made or threatened, and b) the party seeking possession is a mortgagee – whether of the client or not. c)	This is a debt case
HREH	Re-housing (non-homelessness) The main issue is transfers or allocation or legal issues associated with finding alternative housing.	To be used only in ECF cases
HBFT	Housing benefit The main issue concerns housing benefits.	To be used only in ECF cases
HLAN	Landlord & tenant: Other terms and conditions The main issue concerns other matters between landlord and tenant including service charges, deposits and all implied or express terms of occupation.	To be used only in ECF cases
HRNT	Possession - Rent arrears a) a claim for possession is made or threatened, and b) the main apparent reason is arrears of rent or other charges.	
HPOT	Possession – Other (non-ASB) (a) a claim for possession is made or threatened, and (b) the main reason is neither rent arrears nor anti-social behaviour and (c) the claimant is not a mortgagee.	

HHOM	Homelessness /threat of homelessness The main issue is the client's legal situation in relation to homelessness including social services powers and duties.	
HREP	Disrepair (serious risk to life or health issues only) The main issue concerns the alleged poor state of residential premises or fixtures or furniture provided or nuisance other than anti-social behaviour.	
HULE	Harassment/Unlawful eviction The main issue is a claim or potential claim under the Protection from Eviction Act 1977 or in relation to a breach of covenant for quiet enjoyment.	
HOOT	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.	
HANT	ASBOs – Magistrates/Crown court The main issue concerns an existing or possible claim in the criminal courts arising from alleged anti-social behaviour.	Opened prior to 23 March 2015
HDIS	Anti-social behaviour - all other (including those in County Court) The main issue is alleged anti-social behaviour other than in the criminal courts.	Opened prior to 23 March 2015
HASB	Possession proceedings including Part 1 Injunctions - ASBCP. To be used from 23 March 2015 onwards for all housing matters relating to Part 1 injunctions of the Anti-social Behaviour, Crime and Policing Act (ASBCPA) 2014. N.B. This new civil injunction replaces a number of orders including anti-social behaviour orders, anti-social behaviour injunctions, drinking banning orders, intervention orders and individual support orders.	

Anti-Social Behaviour Orders granted prior to 23rd March 2015 will continue to operate under the old arrangements for a period of 5 years. This means that the variation, discharge, appeal and breach of an order will continue to be criminal legal aid until March 2020.

H1.1.2 Matter Type 2: Who the matter involves

Use the code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description
HPUB	Client has local authority landlord Includes local authorities whose stock is managed by an ALMO.
HPRI	Client has private landlord Landlords other than local authorities and social landlords.
HHAC	Client has other social landlord Registered social landlords, co-ops, housing action trusts.
HNAS	Client has NASS accommodation Accommodation provided by NASS/requires NASS advice.
HOWN	Client is owner occupier Freeholders, long leaseholders, shared ownership.
HHLS	Client is homeless As defined in homelessness legislation plus people living in homes of friends, squatters and street homeless.
HLAN	Client is landlord Main issue relates to client's rights as landlord or licensor.
HOTH	Other This code should only be used if the client does not fall into one of the above categories.

H1.2 Stage Reached

These codes are only applicable for matters opened prior to 1 April 2013. Matters opened on/after that date will not be required to report a Stage Reached code. If you are reporting a case that started before 1 April 2013 please refer to the following archived guidance:
<https://webarchive.nationalarchives.gov.uk/ukgwa/20130206120748/https://www.justice.gov.uk/legal-aid/submit-claim/cwa-online-claims/codes-guidance>.

H1.3 Outcome for the client

H1.3.1 Matter concluded

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

If two or more categories apply (apart from both HA and HB where you should use HC) choose the one that appears to be the most significant for the client.

Code	Description	Condition
HA	Client receives damages or property Any lump sum payment to client including any paid in reduction of rent. Any property right successfully asserted.	
HB	Client receives new or increased periodical payment.	Only when ECF granted
HC	Client receives damages or property and new or increased periodical payment	Only when ECF granted
HD	Sum owed by client to a third party is reduced or is less than claimed A lump sum claim by a third party is successfully defended or the amount payable is less than claimed.	
HE	Liability of client to make regular payments is reduced or is less than claimed A claim for a periodic amount by a third party is successfully defended or the amount payable is less than claimed.	
HF	Client housed, re-housed or retains home Applies only where possession or re-housing is in issue.	
HG	Repairs or improvements to the client's home Work done on the home or furniture/fixtures improved.	
HH	Opponent/other party action benefits client Third party takes action.	
HI	Opponent/other party action prevented Third party is dissuaded from taking action (other than possession cases).	
HJ	Opponent/other party action delayed Extra time is gained – commonly in possession cases or rent payments are rescheduled.	
HK	Client secures explanation or apology Following a complaint or query of some kind to a third party.	
HL	Client advised and enabled to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	

HM	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	
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H1.3.2 Matter not concluded

Use the following codes where you do not know the outcome.

Code	Description
HU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
HV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
HW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. It does not cover referral of different but connected cases.
HX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
HY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
HZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex I: Immigration & Asylum

I2 Category Specific Fields on the Submit A Bulk Claim System:

The Submit a Bulk Claim system introduce new category specific fee codes that Providers are required to report when submitting claims for Controlled Work to ensure that they are accurately paid inline with the 2013 Civil Legal Aid (Remuneration) Regulations for the case being claimed.

The fee codes used on each claim should link to the relevant Matter Type 1 and 2 codes that you report on the Submit A Bulk Claim system. If the codes do not match up, then the **claim may be rejected** and you will need to resubmit the claim using an appropriate code combination. The Matter Type 1 and 2 codes used should be the codes that are most appropriate when reporting the matter at the end of the case

Fee Codes

Fee Code	Fee Code Description	Fixed Fee Paid (£)	Escape Fee Paid (£)	Conditions
IAXL	Legal Help Hourly Rates (Asylum) – £800 profit costs and £400 disbursements	N/A	N/A	Matter Type 1 codes: IAXL or IALH Matter Type 2 codes: All except IDAS , IMER and IPAS
IMXL	Legal Help Hourly Rates (Imm) – £500 Profit Costs and £400 disbursements	N/A	N/A	Matter Type 1 codes: IMXL or IMLH Matter Type 2 Codes: All except IDAS and IMER
IA100	Legal Help Hourly Rates - £100 total limit	N/A	N/A	Matter Type 1 Codes: IAXL or IMXL Matter Type 2 Codes: IMER and IPAS (IAXL only)
IAXC	CLR Hourly Rates Asylum - £1,600 total limit	N/A	N/A	Matter Type 1 Codes: IAXC or IAAP Matter Type 2 Codes: All except IRAR
IMXC	CLR Hourly Rates Imm - £1,200 total limit	N/A	N/A	Matter Type 1 codes: IMXC or IMAP Matter Type 2 Codes: All except IRAR
IRAR	CLR Upper Tribunal Transitional cases	N/A	N/A	Matter Type 1 Codes: IAXC or IMXC Matter Type 2 Codes: IRAR
IACD	Interim hourly rates - Asylum CLR	N/A	N/A	Matter Type 1 Code: IACD
IMCD	Interim hourly rates - Immigration Interim CLR	N/A	N/A	Matter Type 1 Code: IMCD

IACA	Standard Fee - Asylum CLR (2a)	£227	£681	Case Started on 31 March 2023 or before Matter Type 1 Code: IACA
IACB	Standard Fee - Asylum CLR (2b + advocacy substantive hearing fee)	£869	£1,701	Case Started on 31 March 2023 or before Matter Type 1 Code: IACB
IACC	Standard Fee - Asylum CLR (2c + advocacy substantive hearing fee)	£929	£1,881	Case Started on 31 March 2023 or before Matter Type 1 Code: IACC
IACF	Standard Fee - Asylum CLR (2e + advocacy substantive hearing fee)	£1,311	£2,018	Case Started on 1 April 2023 onwards Matter Type 1 Code: IACF
IACE	Standard Fee - Asylum CLR 2d	£669	£1,338	Case Started on 1 April 2023 onwards Matter Type 1 Code: IACE
IALB	Standard Fee - Asylum LH	£413	£826 if started on/ after 1/4/23 £1,239 if started before 1/4/23	Matter Type 1 Code: IALB
IMCA	Standard Fee - Immigration CLR (2a)	£227	£681	Case Started on 31 March 2023 or before Matter Type 1 Code: IMCA
IMCB	Standard Fee - Immigration CLR (2b + advocacy substantive hearing fee)	£691	£1,362	Case Started on 31 March 2023 or before Matter Type 1 Code: IMCB
IMCC	Standard Fee - Immigration CLR (2c + advocacy substantive hearing fee)	£764	£1,581	Case Started on 31 March 2023 or before Matter Type 1 Code: IMCC
IMCF	Standard Fee - Immigration CLR (2e + advocacy substantive hearing fee)	£1,092	£1,710	Case Started on 1 April 2023 onwards Matter Type 1 Code: IMCF
IMCE	Standard Fee - Immigration CLR 2d	£628	£1,256	Case Started on 1 April 2023 onwards Matter Type 1 Code: IMCE
IMLB	Standard Fee - Immigration LH	£234	£468 if started on/after	Matter Type 1 Code: IMLB

			1/4/23 £702 if started before 1/4/23	
ICASD	Asylum CLR Hourly Rates Stage Disbursement	N/A	N/A	N/A
ICISD	Immigration CLR Hourly Rates Stage Disbursement	N/A	N/A	N/A
ICSSD	CLR SFS Stage Disbursement	N/A	N/A	N/A
ILHSD	LH Stage Disbursement	N/A	N/A	N/A
IDAS1	Detained Duty Advice Scheme (1-4 clients seen)	£180	N/A	Matter Type 1 Code: IAXL Matter Type 2 Code: IDAS
IDAS2	Detained Duty Advice Scheme (5+ clients seen)	£360	N/A	Matter Type 1 Code: IAXL Matter Type 2 Code: IDAS

I2.1 Claim Type

In Immigration and Asylum there are three types of claims that a provider can report:

- Stage Claim
- Stage Disbursement Claim
- Completed Claim

The codes that are available for use will be partly determined by which Claim Type is selected.

Refer to paragraphs 8.64, 8.88 to 8.91, 8.110 and 8.112 of the 2024 Standard Civil Contract Immigration Specification for confirmation of when a Stage or Stage Disbursement Claim may be made. Refer to paragraph 3.64 of the 2024 Standard Civil Contract Specification for confirmation as to what constitutes a Completed Matter.

Claim Type	Description	Key Guidance
Stage Claim	An interim claim reported where the overall matter is not completed.	Outcome code <u>must</u> be “ - -”(double dash) Must be submitted within 6 months of the end of a stage. From 1 April 2023 , Stage Claims <u>cannot</u> be made where Legal Help has concluded and CLR has been

		granted. From that date, Legal Help and CLR constitute separate matters, and in such circumstances a completed claim for Legal Help <u>must</u> be made. Stage Claims can continue to be made, in relation to Bail renewals. Stage claims <u>must not</u> be submitted where the provider is reporting an 'early' claim under paras 8.75, 8.76 or 8.139 (a)(ii) or (iv) of the 2024 SCC.
Stage Disbursement Claim	An interim claim solely in relation to disbursements reported where the overall matter is not completed, and it has been at least 3 months since the start of the case/previous opportunity to report.	Only the further costs incurred since any prior Stage Disbursement Claim can be made.
Completed Matter Claim	A completed claim is reported when the overall matter is concluded. I.e. where an applicant has successfully been granted leave and no further advice in relation to that application is required.	<u>Must</u> be made at the conclusion of every case. <u>Only one</u> Completed Matter Claim should be made in each matter (except where bail work is being claimed separately from the substantive matter costs). <u>Must</u> indicate the outcome of the substantive matter achieved under Controlled Work. Only the further costs incurred since any prior Stage Disbursement Claim can be made. <u>Bail advice:</u> You are not required to report your bail costs and the costs of any associated substantive matter at the same time. If the substantive matter is still ongoing (LH or CLR) and advice has also been given on an application for bail, including representation at the bail hearing/s, a Completed Claim can be submitted for the bail work once that element is concluded. You can therefore have two separate Completed Claims on CWA; for the bail advice whilst the associated matter is still ongoing and then for the associated matter once it has concluded, or vice versa.

Field	Guidance
Immigration Prior Authority Number	NB. Currently this field maybe referred to in provider’s Case Management Systems as “NIAT Disbursement Prior Authority Number”, however this is subject to a digital change to “Immigration Prior Authority Number” If you are seeking to make a claim for costs in excess of any of the initial Cost Limits (not just the Disbursement Limits) set out in the Immigration Contract, you must enter the allocated Prior Authority Reference number. The number is allocated to you when you apply for an extension from the LAA or you may have self-allocated, if a member of the Self Grant scheme. There may be exceptions where you are contractually able to report reasonable or limited costs above the cost limit, without requesting prior authority. In those instances, you should enter the applicable default reference as set out in section below. Validation exists in SaBC to ensure that claims are rejected where excess costs are attempted to be claimed, without an accompanying PAN. Cost limit extensions are not retrospective. Where several extensions to the Cost Limit have been obtained in a case, you should record the latest reference number here. Where different numbers have been allocated to different cost limits that may apply to that matter e.g. one for profit costs and one for disbursements, you need only enter one here but both must be retained on file. The number should be in the form ANNNNNN (1 letter, 6 numbers). See section for further guidance.
HO UCN	Where the client has been allocated a Home Office reference number, this must be reported here. Please refer to paras 8.22 to 8.24 of the 2024 Standard Civil Contract for further guidance on this reference. We will be unable to process claims for costs where the correct reference number is not supplied. Please note: We are aware that the format of this reference changed in 2022, from a 8-digit reference to a 16 digit one. Providers should report the applicable reference that they have been provided by the Home Office.

	Where no reference number has been received at the time the matter is reported, the default reference A0000000 must be reported. No other reference or format of reference should be reported in this field.
NRM Advice	Please note: The provisions of NABA (s.66 & s.67) that concerned the expansion of s.9 &10 of LASPO to provide add-on services, have not been commenced and therefore the £150 bolt-on fee for add-on services in relation to the NRM may not be claimed. The field should be completed as N until such time as we confirm that the Bolt On fee is claimable.
Follow on Work	Please note: This field should currently be completed as N/A for all matters until such time as Priority Removal Notices (PRNs) are subject to remuneration, at which point this guidance will be updated.
Attendance at a Home Office Interview	Providers should record the number of Home Office interviews attended in the HO Interview field (options available are 0-9). In matters payable under the Standard Fee Scheme, the additional payment for attending each Home Office interview will be credited if Matter Type 1 code IALB or IMLB is used. For Legal Help matters payable at hourly rates the HO Interview field will be available but need not be completed as it will not trigger any payments. This field should not be used when seeking to report disbursement or profit costs in excess of the cost limit(s) due to attending a Home Office interview. Please refer to section XX for details of how to report such costs.
Representation at an Oral Case Management Review Hearing (CMRH)	The additional payment for attending an Oral Case Management Review Hearing (CMRH) can <u>only</u> be claimed where a CLR Matter Type 1 code has been used. The CMRH Oral field will allow claims for attendance at 0-9 oral CMRHs, with an additional payment credited for each separate CMRH attended. For most matters payable at hourly rates, this field can be completed but will not trigger any additional payment. Additional fixed fee advocacy payments will only be paid on matters paid at hourly rates if the temporary CLR codes IACD or IMCD are used. To be clear, these codes will remunerate nonadvocacy work at hourly rates and advocacy services as fixed fees.
Representation at a Telephone Case Management Review Hearing (CMRH)	The additional payment for attending a Telephone Case Management Review Hearing (CMRH) can <u>only</u> be claimed where a CLR Matter Type 1 code has been used.
Management Review Hearing (CMRH)	The CMRH Phone field will allow claims for attendance at 0-9 Telephone CMRHs with an additional payment credited for each separate CMRH attended.

	For most matters payable at hourly rates, this field can be completed but will not trigger any additional payment. Additional fixed fee advocacy payments will only be paid on matters paid at hourly rates if the temporary CLR codes IACD or IMCD are used. To be clear, these codes will remunerate nonadvocacy work at hourly rates and advocacy services as fixed fees.
Representation at a Substantive AIT Appeal Hearing	Providers should select “Y” or “N” to indicate whether the matter did involve attendance at a substantive hearing or not. The additional payment for attending a substantive appeal hearing can only be claimed in relation to CLR Stage 2b, 2c or 2f SFS claims. If the case did not involve a substantive First Tier Tribunal appeal hearing, a Stage 2a or Stage 2d fee will be payable. For most matters payable at hourly rates, this field can be completed but will not trigger any additional payment. Additional fixed fee advocacy payments will only be paid on matters paid at hourly rates if the temporary CLR codes IACD or IMCD are used. To be clear, these codes will remunerate non-advocacy work at hourly rates and advocacy services as fixed fees. This field will automatically default to “N” therefore when claiming for attendance at a Substantive Hearing you must select “Y”.
Representation at an Adjourned/Part Heard AIT Appeal Hearing	Providers should select the number of adjourned/part-heard First Tier Tribunal appeal hearings they attended. For Standard Fee Scheme cases, this will automatically trigger the additional payment for each hearing reported. The additional payment for attending an adjourned/part heard First Tier Tribunal appeal hearing can only be claimed in relation to Stage 2b SFS claims (using Matter Type 1 codes IACB or IMCB). If the case did not involve a part heard or substantive First Tier Tribunal appeal hearing, a Stage 2a or Stage 2d fee will be payable. Where a part heard/adjourned hearing is attended but a further hearing does not take place, for the purposes of funding this adjourned hearing will be treated as a “Substantive Hearing” and therefore a Stage 2b or Stage 2e claim should be made with the additional payment for attending a Substantive Hearing. The same hearing cannot then be claimed as also being an adjourned hearing. For most matters payable at hourly rates, this field can be completed but will not trigger any additional payment. Additional fixed fee advocacy payments will only be paid on matters paid at hourly rates if the temporary CLR codes IACD or IMCD are used. To be clear, these codes will remunerate nonadvocacy work at hourly rates and advocacy services as fixed fees. This field will automatically default to “0” therefore when claiming for attendance at an Adjourned Hearing you must select the relevant number of hearings to trigger the additional payment(s).

AIT Hearing Centre	Providers must report the hearing centre where the appeal hearing took place. 2. = Birmingham 3. = Bradford 4. = Harmondsworth 5. = London – Field House 6. = London – Hatton Cross (York House) 7. = London – Taylor House 8. = Manchester (Piccadilly) 9. = Newport (Columbus House) 10. = North Shields (Kings Court) 11. = Nottingham Magistrates Court 12. = Stoke (Bennett House) 13. = Surbiton 14. = Walsall 15. = Yarl's Wood 16. = N/A – Application Only 17. = Other Note that 15 (N/A – Application Only) should be used for all Legal Help claims.
Legacy Cases	Providers should record whether or not the claim relates to a Home Office “legacy case.”¹ Select from “Y” or “N.” Please note that providers should select “Y” where an asylum matter is opened on or after 1st October 2007 but there has been a previous asylum application lodged before 1st April 2007.
JR/Form-filling	Reasonable costs relating to advice pre-certificate advice regarding judicial review (JR) or legal advice in relation to form filling should be recorded in this field. This field should only be completed in relation to matters payable under the Standard Fee Scheme i.e. where legal advice in relation to JR or form filling is given as part of the substantive matter. The sum entered in this field will be paid on top of the Standard fees and additional payments due. Where a matter has been opened to advise solely in relation to either of these issues, then this field will not be relevant. In those instances the Matter Type 2 codes IFFL or IJRA should be used.
VAT	There is a separate field for providers to record whether or not the claim attracts VAT. VAT should only be claimed if the provider is VAT registered. Providers are reminded that VAT is not payable in respect of asylum cases where the client does not have status to remain in the UK at the start of the stage of the matter being reported. VAT cannot be apportioned across an individual stage claim. The client's status at the start of that stage determines whether VAT can be applied on the whole stage claim. It should be noted that if work is done after determination to close the file, VAT should still not be apportioned.

	Where the VAT indicator is checked in a case which attracts Standard fee(s), VAT will automatically be added to the Standard fee amounts, the additional payments, any detention travel/waiting costs and any JR/Form-filling costs claimed. VAT will be automatically added to the profit costs claimed and counsel's costs claimed where the VAT indicator is checked in a case which attracts hourly rates. VAT is not included when CWA calculates whether or not a case meets the Escape Fee Case criteria. If VAT is payable on a matter but counsel is not VAT registered, providers will need to check the VAT indicator in order to ensure that VAT is paid. The full amount paid (including VAT) should be declared on the provider's VAT returns. Whilst the provider will pay counsel's fees net of VAT, the VAT that has been paid to the provider on counsel's fees must be declared. The value of disbursements should be recorded net of VAT in the Net Disb Ex. VAT field on CWA. There is a separate field when reporting outcomes on CWA (Disb VAT) for providers to record the monetary value of any VAT payable in respect of disbursements. Please note the VAT rate applicable for disbursements is determined by the date the disbursement is incurred and not the date of conclusion of the overall matter. • Where payable, all disbursements incurred before 1 December 2008 will attract VAT at 17.5% • All disbursements incurred between 1 December 2008 and 31 December 2009 will attract VAT at 15%. • All disbursements incurred between 1 January 2010 and 3 January 2011 will attract VAT at 17.5% • All disbursements incurred on/after 4 January 2011 will attract VAT at 20% For more information on VAT, please refer to the published guidance which can be downloaded from the LSC Website Archive: http://webarchive.nationalarchives.gov.uk/*/http://www.legalservices.gov.uk/ <u>Focus 49</u> <u>VAT Guidance November 2005</u>
Detention travel and waiting	This field should only ever be used to report the additional travel and waiting time claimable in relation to attending on a detained client whose case is subject to the Standard Fee Scheme. For hourly rates matters, all claims for travel and waiting time should be claimed in the Profit Costs field. Travel time is generally included within the payment levels under the Standard Fee Scheme (SFS). Additional travel and waiting time may however be claimed (where the client is in detention⁴. You are reminded that only providers who hold exclusive schedules to advise detainees in an IRC can advise those clients (unless one of the exceptions specified under Paragraph 8.6 of the 2024 Standard Civil Contract Specification

	applies). This also applies to clients that are detained under immigration powers in prisons. Please note however that the ability to claim travel for attending detained clients in addition to the SFS only covers travel for the purposes of taking the client's instructions. From January 2024, you can claim travel and waiting time for attending an IRC as part of the Detained Duty Advice Scheme (see 8.179 Of the 2024 Standard Civil Contract Specification on Immigration and Asylum).
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I3 Reporting Codes:

I3.1 Matter Type Codes

Important Note

Assigning the correct Fee code and Matter Type code is essential because it is these codes that indicate whether the matter is payable through Standard Fees (with any applicable additional payments) or hourly rates based on the actual costs reported on the monthly submissions.

I3.1.1 Matter Type 1 Code:

In order to help select the most appropriate Matter Type 1 code, you should address the following questions:

a. *Is it an asylum or immigration case?*

See Paragraph 8.7 of the 2024 Standard Civil Contract Specification for a definition of an Asylum case.

b. *Does the matter fall within or outside of the Standard Fee Scheme?*

See Paragraphs 8.76 of the 2024 Standard Civil Contract Immigration Specification for confirmation of work payable under Hourly Rates. Note that immigration matters for separated migrant children are now paid on hourly rates.

c. *Was the work undertaken under Legal Help (LH) or Controlled Legal Representation (CLR)?*

Working through the above questions will assist you in narrowing down the number of codes until you reach the most appropriate one.

For cases opened before 1 October 2007, please refer to the previous version of this guidance for the correct Matter Type 1 codes:

http://webarchive.nationalarchives.gov.uk/20150504063453/https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415167/guidance-forhttp://webarchive.nationalarchives.gov.uk/20150504063453/https://www.gov.uk/governm

Hourly rates cases

MATTERS PAYABLE UNDER HOURLY RATES	
Code	DESCRIPTION
IAXL	Asylum - LH Work Not Subject to the Standard Fee Scheme This code should be used for all Asylum LH claims payable under Hourly Rates.
IMXL	Immigration - LH Work Not Subject to the Standard Fee Scheme This code should be used for all Immigration LH claims payable under Hourly Rates (including Bail).
IAXC	Asylum - CLR Work Not Subject to the Standard Fee Scheme This code should be used for all CLR Asylum claims payable under Hourly Rates including all claims relating to appeals to the Upper Tribunal.
IMXC	Immigration - CLR Work Not Subject to the Standard Fee Scheme This code should be used for all CLR Immigration claims payable under Hourly rates (including all claims relating to appeals to the Upper Tribunal and Bail)

Standard Fee Scheme Cases

MATTERS PAYABLE UNDER THE STANDARD FEE SCHEME	
Code	Description
IALB	Asylum - Stage 1 (LH) This code should only be used to claim for Asylum LH work conducted under Stage 1 of the Standard Fee Scheme. This includes when claiming the standard fee for Asylum LH matters early.
IACA	Asylum - Stage 2a (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2a of the Standard Fee Scheme. If the matter proceeds to a substantive First Tier Tribunal appeal hearing a Stage 2a claim cannot be made . Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IACB	Asylum - Stage 2b (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2b of the Standard Fee Scheme. If the matter does not proceed to a substantive First Tier Tribunal appeal hearing, a Stage 2b claim cannot be made . Instead a Stage 2a claim should be made.

	Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IACC	Asylum – Stage 2c (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2c of the Standard Fee Scheme. This fee can only be claimed if the Matter is lodged through the online appeals procedure and an Appeal Skeleton Argument is submitted. This fee is payable regardless of whether there is a substantive hearing or not. If the client ceases to instruct before the appeal skeleton argument is submitted, a stage 2a fee will be payable. If you take on a matter after the client's appeal skeleton argument has been submitted, and the case proceeds to a hearing, then a stage 2b fee will be payable. Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IACE	Asylum - Stage 2d (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2d of the Standard Fee Scheme. If the matter proceeds to a substantive First Tier Tribunal appeal hearing a Stage 2d claim cannot be made.
IACF	Asylum - Stage 2e (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2e of the Standard Fee Scheme. If the matter does not proceed to a substantive First Tier Tribunal appeal hearing, a Stage 2e claim cannot be made. Instead a Stage 2d claim should be made.
IMLB	Immigration- Stage 1 (LH) This code should only be used to claim for Immigration LH work conducted under Stage 1 of the Standard Fee Scheme.
IMCA	Immigration- Stage 2a (CLR) This Matter Type 1 code should only be used to claim for Immigration CLR work conducted under Stage 2a of the Standard Fee Scheme. If the matter proceeds to a substantive First Tier Tribunal appeal hearing a Stage 2a claim cannot be made. Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IMCB	Immigration- Stage 2b (CLR) This Matter Type 1 code should only be used to claim for Non-Asylum CLR work conducted under Stage 2b of the Standard Fee Scheme.

	If the matter does not proceed to a substantive First Tier Tribunal appeal hearing (e.g. it concludes after the CMRH) a Stage 2b claim cannot be made. Instead a Stage 2a claim should be made. Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IMCC	Immigration- Stage 2c (CLR) This code should only be used to claim for Asylum CLR work conducted under Stage 2c of the Standard Fee Scheme. This fee can only be claimed if the Matter is lodged through the online appeals procedure and an Appeal Skeleton Argument is submitted. This fee can only be claimed if the Matter is lodged through the online appeals procedure and an Appeal Skeleton Argument is submitted. This fee is payable regardless of whether there is a substantive hearing or not. If the client ceases to instruct before the appeal skeleton argument is submitted, a stage 2a fee will be payable. If you take on a matter after the client's appeal skeleton argument has been submitted, and the case proceeds to a hearing, then a stage 2b fee will be payable. Please note that this fee cannot be claimed for any CLR matters with a grant date of 1 April 2023 or after
IMCE	Immigration- Stage 2d (CLR) This Matter Type 1 code should only be used to claim for Immigration CLR work conducted under Stage 2d of the Standard Fee Scheme. If the matter proceeds to a substantive First Tier Tribunal appeal hearing a Stage 2d claim cannot be made.
IMCF	Immigration- Stage 2e (CLR) This Matter Type 1 code should only be used to claim for Non-Asylum CLR work conducted under Stage 2e of the Standard Fee Scheme. If the matter does not proceed to a substantive First Tier Tribunal appeal hearing (e.g. it concludes after the CMRH) a Stage 2e claim cannot be made. Instead a Stage 2d claim should be made.

Interim fee scheme codes

INTERIM FEES PAYABLE UNDER HOURLY RATES	
Code	DESCRIPTION
IACD	Asylum – Interim CLR rates (hourly rates with fixed fee for advocacy services) This is a temporary code. This code should only be used on CLR matters granted between 8 June 2020 and 1 April 2023.

	This code pays non-advocacy work at hourly rates and advocacy services as a fixed fee. The costs associated with the above activities should be entered into the 'Profit Costs excluding VAT' or 'Counsel Fee excluding VAT' fields in CWA. Any non-advocacy travel will be claimable under the hourly rates for Preparation and Attendance and should therefore be included in the 'Profit Costs excluding VAT' field. The costs of travel should also be entered in the 'Travel and Waiting Costs excl VAT' field. Please note that this field is used for administrative purposes only and does not generate a payment on CWA.
IMCD	Immigration – Interim CLR rates (hourly rates with fixed fee for advocacy services) This is a temporary code. This code should only be used on CLR matters granted between 8 June 2020 and 1 April 2023. This code pays non-advocacy work at hourly rates and advocacy services as a fixed fee. The costs associated with the above activities should be entered into the 'Profit Costs excluding VAT' or 'Counsel Fee excluding VAT' fields in CWA. Any non-advocacy travel will be claimable under the hourly rates for Preparation and Attendance and should therefore be included in the 'Profit Costs excluding VAT' field. The costs of travel should also be entered in the 'Travel and Waiting Costs excl VAT' field. Please note that this field is used for administrative purposes only and does not generate a payment on CWA.

13.1.2 Matter Type 2 codes:

The Matter Type 2 code provides further information regarding the type of application made by the client, whether they were in detention or if their matter related to an “exclusive service”. Some codes can only be used in certain circumstances, which are set out in the “conditions” column of the table below (e.g. the Matter Type code can only be used where the Trafficking criterion applies, where the matter was opened before 1 April 2013 or where the matter was opened after 25 October 2019.)

Code	Description	Conditions
IASY	Asylum Application This code should not be used in relation to any applications for further leave, an extension of leave or in relation to a Fresh Claim for asylum. Applications for further leave or an extension of leave should use Matter Type 2 code ILEA. Applications relating to Fresh Claims should use Matter Type 2 code IFRA. Please note that hourly rates will be paid on all 2A cases where the appeal is filed after 25th March 2020. Please use the matter type one code IAXC for these cases.	Only for cases opened after 1 April 2013
	Applications for leave to remain	Only for cases opened after

ILEA	This code should only be used in relation to applications for further leave or an extension of leave. It should <u>not</u> be used for any initial asylum applications or for any Fresh Claims for asylum. Applications relating to initial asylum claims should use Matter Type 2 code IASY. Applications relating to Fresh Claims should use Matter Type 2 code IFRA.	1 April 2013
IDOM	Domestic Abuse This code should only be used in relation to applications for leave to enter/remain by a victim of Domestic Abuse.	Only for cases opened after 1 April 2013
IBAI	Bail (Hourly Rates) This code should be used for claims involving advice in relation to an application for Temporary Admission or Bail. If bail work is undertaken as part of a client's substantive matter, any bail work must be claimed separately from any work on the substantive matter. All bail work should be claimed using an Immigration Matter Type 1 code, regardless of whether it was undertaken under an associated Asylum matter start. Where bail is obtained or refused but no further application is to be made, then the bail claim should be reported as a Completed Matter Claim using an appropriate Matter Type 1 (MT1) hourly Rates Immigration Code (IMXL or IMXC) and Matter Type 2 (MT2) code IBAI. This is regardless of whether the substantive case relates to asylum work as all advice in relation to Temporary Admission/Bail is payable as Immigration advice.	
ICOA	Application to Upper Tribunal for Leave to Appeal to Court Of Appeal (Hourly Rates) This code should be used where advice is given to a <u>new client</u> in relation to the merits of making an application (to the Upper Tribunal) for leave to appeal to the Court Of Appeal following an unsuccessful Upper Tribunal hearing. This code should not be used where you are making the application for leave after having represented the client at an Upper Tribunal hearing. In these circumstances, the advice should be billed on: • The certificate issued for the Upper Tribunal appeal, or,	

	Where the Upper Tribunal claim was carried out as Controlled Legal Representation via transitional arrangements, on the claim for that work billed under the code "IRAR". Please note that where it is considered that the merits test has not been met and the matter is to be reported closed under legal help Outcome Code "IY" must be used.	
IDAS	Detention Duty Advice Surgery (Paid at Set Rate) This Matter Type 2 code should be used where advice has been provided to a client at a Detention Duty Advice Surgery by an exclusive provider. Please refer to the guidance on Consolidated Claims below for confirmation of the correct code combinations that should be used.	
IDIF	Rebuttal of Asylum Grouping Decision This code should only be used for the rebuttal of a provisional Group 2 refugee decision. This code can only be used with MT1 code 'IAXL'. Where the rebuttal is successful, Outcome code 'IG' should be recorded. Where the Asylum Grouping is maintained, Outcome Code 'IH' should be used.	
IPRN	Priority Removal Notice advice This code should only be used for initial advice on receipt of a Priority Removal Notice. At the point that a determination is made that there is a substantive matter, this matter should be closed and a new matter opened using the most appropriate MT2 code. This code can only be used with MT1 code 'IAXL' with a maximum of 7 hours being claimed. When using this code you should also complete the field 'Follow-on Work' identifying what type of follow on work resulted from this advice if any. Where no Follow-on Work is required the outcome code IX should be used. Where follow-on work is conducted the outcome code IF should be used.	
IFRA	Fresh Applications This code should be used where advice has been provided in relation to making a fresh asylum application. This code should be used regardless of whether a fresh application is subsequently made.	

	Applications relating to initial asylum claims should use IASY. Applications for further leave or an extension of leave should use ILEA.	
IFST	Fast Track Cases/Detained Asylum Casework (DAC) matters This code should be used for all claims (including standby claims) where the client is subject to a Home Office fast-track/DAC process. If the client is released from a fast track/DAC process but you are continuing to act this code should only be used for claims up until the end of the stage following the client's release from the fast track/DAC process. Following that the Matter Type 2 code which best describes the substantive matter should be used. Please refer to the guidance on Consolidated Claims below for confirmation of the correct code combinations that should be used in relation to Standby Claims.	
IIRC	Immigration Removal Centre Work This code should only be used by providers who do not hold authorisation to carry out DDAS or DAC Immigration Removal Centre work but are acting under the exceptions given in paras 8.5 & 8.6 of the 2024 Standard Civil Contract Specification. Providers with authorisation to carry out work in IRCs should use the Matter Type II code that best describes the advice that was carried out. This code should be used for all substantive claims involving a non fast track(DAC) client who is not facing imminent removal/deportation. This code should be used even where the client is not detained from the outset but is subsequently detained during the course of a stage. Conversely, if a non-fast track client starts off in detention but is later released this code should only be used up until the next Standard Fee Scheme Stage. This code should not be used: • Where the advice provided is limited solely to bail matters – see “IBAI” (above). • By providers who hold schedule authorisations to undertake work at IRCs; or where the client is subject to a fast track/DAC process (see IFST)	
	Judicial Review (Hourly Rates) This code should only be used where you have provided advice to your client solely on the issue of pursuing a JR	

IJRA	application. This includes all work up to applying for a public funding certificate (including pre-action protocol letters). This code should not be used where initial JR advice has been provided as part of a substantive matter. In these circumstances the costs of the JR work should be reported within the claim for the substantive work and the Matter Type 2 code for the substantive matter should be used. Please note that where Matter Type II code “IJRA” is used Stage Reached code “IE” must be used and providers must select whichever Outcome Code from “IU - IZ” is most appropriate.	
IMER	Advice on merits of an application to appeal to the Upper Tribunal (Hourly Rates) This code should only be used for claims where advice has been given to a <u>new</u> client regarding the merits of making an application for permission to appeal to the Upper Tribunal <u>but</u> where an application is <u>not</u> subsequently made. Where an application for permission is made, these costs should be included within the claim for costs in relation to the appeal to the Upper Tribunal– albeit at LH rates. This code should not be used where you have represented the client at the substantive First Tier Tribunal hearing (i.e. it is not a new client). In those circumstances the costs in relation to considering the merits of making an application for permission to appeal to the Upper Tribunal should be included within the “IO” CLR Stage Claim (if you submit the application for permission) or the “IH” First Tier Completed Matter Claim (if you do not submit the application for permission).	
IOTH	Other This Matter Type 2 code should only be used if none of the other Matter Type 2 codes apply. Please note that you must contact your /Contract Manager before using this code.	You must contact your Contract Manager before using this code
IPAS	Pre-ASU Advice (Hourly Rates) This code should only be used for LH claims where advice has been given to a client prior to lodging an asylum claim <u>and</u> you then cease to be instructed. The maximum costs that may be claimed using this code are £100 (inclusive of disbursements). Please note that where Matter Type II code “IPAS” is used Stage Reached code “IE” and Outcome Code “IX” must be used.	
	Appeal before the Upper Tribunal - (Hourly Rates)	Subject to transitional provisions

IRAR	Appeals before the Upper Tribunal are now funded as Licensed Work. However, transitional arrangements state that any appeal arising out of a Controlled Work matter started before 1 September 2018 continue to be funded as Controlled Legal Representation. This code should be used for cases caught by those transitional arrangements. Subject to the above, this code should be used for all claims involving advice/representation in relation to an appeal hearing before the Upper Tribunal. The costs of any application for permission to appeal to the Upper Tribunal should also be included in this claim. However, where a case is remitted to the First-Tier Tribunal following an Upper Tribunal appeal funded as Controlled Legal Representation the cost of both the remitted appeal and the Upper Tribunal work will be claimed under the code IREM (see guidance below at section J.5)	
IRVL	Removal/Deportation This code should be used where the client faces imminent deportation/removal. For example: • Where advice has been given to a foreign national prisoner facing deportation; • Matters involving court-ordered deportation following a conviction in relation to a criminal offence; • Where advice/representation has been provided to a client facing removal after an unsuccessful application/appeal.	
IUAS	Unaccompanied Asylum-Seeking Children (Hourly Rates) This code should be used where the client is either an accepted UASC or where UKVI dispute their age.	
IREM	Remittals to First-Tier Tribunal (Hourly Rates) This code should be used to reports cases that have been remitted back to the First-Tier Tribunal from the Upper Tribunal or Court of Appeal. See more detailed guidance in section J.5 below for further details on how this code should be used. The following codes can only be used where one or more of the following conditions are met: • The matter was opened before 1 April 2013 • The matter was opened after 25 October 2019 • The trafficking criteria apply	
ICZN	Obtaining citizenship/nationality	
IEMP	Employment Application/Appeal	

	This code covers Non-Asylum applications/appeals in relation to:- - work permits; - highly-skilled migrants; - sector-based schemes; - the international graduates scheme; - representatives of overseas newspapers, news agencies or broadcasting organisations; - sole representatives; - domestic workers in private households; - ministers of religion, missionaries and members of religious orders, visiting religious workers and religious workers in nonpastoral roles; - persons with UK ancestry.	
IEUL	European Union Law/EEA	
IFME	Family Member Application/Appeal This code covers Immigration applications/appeals in respect of spouses, fiancées, civil partners, same sex partners, children, parents, grandparents and other dependent relatives.	
IFVI	Family Visit Application/Appeal This code should not be used for Asylum matters.	
ISTU	Student Application/Appeal This code should not be used for Asylum matters.	
The following codes can only be used where one or more of the following conditions are met: - The matter was opened before 1 April 2013 - The trafficking criteria apply		
IFFL	“Form Filling” (Hourly Rates) This code should only be used where legal advice has solely been given in respect of “form-filling” as permitted by Paragraph 8.56-59 of the 2010 Standard Civil Contract Specification section 8. This code should not be used where advice in relation to “formfilling” has been provided as part of a substantive matter. In these circumstances providers should select the Matter Type 2 code which best describes the substantive matter. Please note that where Matter Type 2 code “IFFL” is used Stage Reached code “IE” and Outcome Code “IX” must be used.	
IILL	Illegal entry This code should only be used where initial advice has been given to an illegal entrant (e.g. someone without any extant leave to enter/remain or someone specifically termed an	

	“illegal entrant” by the Secretary of State) and you do not proceed to lodge an asylum application. If you do proceed to advice on an asylum application, then Matter Type 2 code “IGOL” should be used.	
ITWE	Training or Work Experience Application/Appeal This includes Non-Asylum applications/appeals in respect of au pair placements, working holiday-makers or persons applying to undertake training or work experience in the UK.	
The following codes can only be used where one or more of the following conditions are met: • The matter was opened before 1 April 2013 • The matter was opened after 25 October 2019		
IGOL	Grant/variation of leave to enter/remain Examples of when this code should be used include:- • Where advice is provided to an applicant who had been granted some form of leave (e.g. student) and has applied to vary that leave; • Applications made to vary leave to refugee status whilst having some extant of leave in accordance with the Immigration Act 1971. Where advice is provided to a client who is without leave (e.g. where the client makes an asylum application at port of arrival). This code cannot be used even where Trafficking Criteria applies	
The following codes can only be used where the following condition is met: • The matter was opened before 1 April 2013		
IOUT	Concession/policy outside the rules applies	
The following codes can only be used where the following condition is met: • The matter was opened before 1 April 2007		
INAS	NASS only advice This Matter Type 1 code should only be used in relation to NMS opened Pre 1st October 2007 where the advice given solely relates to a client's NASS matter.	

13.3 Stage Reached codes:

These codes are only applicable for matters **opened prior to 1 April 2013**. Matters opened on/after that date will not be required to report a Stage Reached code. If you are reporting a case that started before 1 April 2013 please refer to the following archived guidance:

<http://webarchive.nationalarchives.gov.uk/20150504063453/https://www.gov.uk/gover>

http://webarchive.nationalarchives.gov.uk/20150504063453/https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415167/guidance-for-reporting-controlled-work-matters.pdf

I3.4 Outcome Code

In the Outcome Code field enter the code which indicates the outcome that has been achieved for the client.

These are split, depending on whether the outcome for the client is known or not.

- **Matter Concluded:** Codes “IA” to “IG” should be used for completed matters in which a decision has been received from the Home Office and therefore the outcome of the application is known, and the matter has ended.
- **Matter Not Concluded:** Codes “IT” to “IZ” should only be used for matters where the ultimate outcome of the matter for the client is **not known**.

These codes will therefore only apply where there has been no decision under the matter being reported. Before deciding whether to use code “IT” to “IZ” you should consider what outcome has been obtained for the client.

These codes apply regardless of whether it is a Standard Fee or hourly rate case.

I3.4.1 Matter concluded

APPLICABLE REGARDLESS OF START DATE	
Code	Description
IA	Client Granted Permission to Enter/Remain <u>Permanently</u> Examples of when this outcome code should be used include: • Matters where indefinite leave to enter/remain (ILR) is granted (including where this is after a period of leave has already granted); • Matters involving a successful family reunion application; • Matters involving a successful application for settlement; • Matters involving a successful application to remain in the UK permanently on the basis of marriage. This code should not be used where refugee status is granted because in those circumstances the client will not initially be given permanent leave to enter or remain. If however you act for an applicant who was originally granted refugee status is later granted ILR, this outcome code would be appropriate.
IB	Client Granted Humanitarian Protection or Discretionary Leave to Enter/Remain
IC	Matter Results in Grant of Other permission to Enter/Remain for a Defined Period

	Outcome “IC” should not be used where the client has been temporarily admitted pending conclusion of the case. In such matters you should use the Outcome Code which accurately reflects the outcome of the main application. Examples of when this outcome code should be used include: • Where a student, working or family visit visa is granted for a specific period of time; • Where a spouse is granted limited leave to enter or remain in the country; • Where refugee status is granted for 5 years (or a lesser period). ✦ • Where a successful outcome is achieved in a bail application.
ID	Citizenship Gained
IE	Application Refused This code should not be used where the matter is stopped on the adviser’s recommendation (i.e. CLR is withdrawn) on merits grounds after an initial Home Office (HO) decision but before the substantive First Tier Tribunal hearing. Examples of when this Outcome Code should be used include: • Where a Completed Matter claim is submitted after a negative initial HO decision; • Where a Completed Matter Claim is made after a negative decision made by the First Tier Tribunal decision or the Upper Tribunal
	• Where a Completed Matter claim using MT1 IALB or IMLB is submitted after a negative initial HO decision and CLR has been granted using where Interim Hourly Rates will apply • Where the matter is stopped on the adviser’s recommendation after a substantive First Tier Tribunal hearing because it is considered there is insufficient merit to pursue an application for permission to appeal to the Upper Tribunal. • Where an unsuccessful outcome has been obtained in a matter which solely involves advice/representation regarding bail issues
IF	Matter Concluded Otherwise Examples of when this outcome code should be used include: ✦ Where the client/sponsor decides to withdraw the application (including where this is prior to an initial Home Office decision); ✦ Where the client voluntarily leaves the UK.
IG	Decision Withdrawn This Outcome Code should be used where the Home Office or Entry Clearance officer agrees to withdraw the original decision and make a fresh decision. It can be used regardless of the stage at which the original decision is withdrawn.
IH	Matter results in Asylum Grouping being maintained This Outcome Code should only be used with MT2 code ‘IDIF’ when the provisional Group 2 refugee decision is maintained. If the provisional decision is withdrawn Outcome Code ‘IG’ should be used.

13.4.2

Matter not concluded

APPLICABLE REGARDLESS OF START DATE	
Code	Description
IU	Matter Stopped on Adviser's Recommendation
	This code should not be used where an organisation refuses to grant CLR after an initial Home Office refusal because the case has insufficient merit. Here Stage Reached Code "IF" and Outcome Code "IE" should be used.
	This code should not be used if the matter is stopped on the adviser's recommendation as a result of a negative decision at a substantive First Tier Tribunal hearing (e.g. after considering the merits of pursuing an application for permission to appeal to the Upper Tribunal). Here Outcome Code "IE" should be used. Examples of when this code should be used include:- • Where an organisation advises the client to withdraw their application prior to the initial Home Office decision; • Where an organisation has undertaken CLR work after an initial Home Office refusal but withdraw CLR prior to the initial First Tier Tribunal hearing on the grounds that the case had insufficient merit.
IV	Matter Proceeded Under Other Funding
	This code should be used where other funding (e.g. local authority funding or where the client decides to fund their case privately) has either been granted or is available to the client. This Outcome Code should be used where a matter proceeds to a certificate, prior to any decision in relation to a substantive application (e.g. for JR proceedings). However, if a matter proceeds to JR or Statutory Review, following a decision, outcomes "IA" to "IG" (above) should be used to record the outcome achieved under Controlled Work. This includes where the Controlled Work case concludes after the substantive First-Tier Tribunal hearing but a certificate is obtained to apply to the Upper Tribunal.
IW	Client Referred/Transferred to Another Organisation
IX	Client Advised – No Further Action Necessary This code should be used where one-off advice regarding the client's legal rights has been provided to a client.
IY	Client Advised and Third Party Action or Decision Awaited An example of when this code should be used is where you close a matter whilst a matter is stayed subject to a test case being heard in the High Court/Supreme Court. This code cannot be used to make a Completed Matter Claim (e.g. at the point that an application has been submitted to the Home Office/ECO) simply because there might be a delay in obtaining a decision in respect of the application. When claiming early payment for matters using Matter Type 1 code IALB, this

	Outcome code should be used. When the matter has concluded the claim should then be amended to reflect the final outcome.
IZ	Outcome Not Known/Client Ceased to Give Instructions Outcome code “IZ” should only be used where the outcome is not known and none of “IU” to “IY” applies. For example where the client has failed to respond to correspondence or attempts to contact them for 3 months.
--	Dash Dash Double dash (--) should be used as the Outcome code when making a Stage Claim, Stage Disbursement Claim or Standby claim.

I4 Exemption Criteria Code

The Submit a Bulk Claim system will permit Providers to select all Immigration & Asylum Matter Type 2 Codes to report cases which involve a victim of trafficking or modern slavery. CWA will permit Providers to select most Immigration & Asylum Matter Type 2 codes to report cases which involve a separated migrant child. More information on separated migrant children can be found in the amended Immigration and Asylum contract specification and the relevant legislation:

<http://www.legislation.gov.uk/ukxi/2019/1396/made>

Issue Present In the Case	Criterion/test which needs to be satisfied in order for the case to be funded	Reporting Code	System description
Separated Migrant Children	Client is a separated migrant child	CM001	Separated migrant children
Trafficking	The client has been a victim of trafficking or modern slavery	TR001	Trafficking or modern slavery

I5: Early billing

Providers are reminded, that while there is provision within 2024 SCC, for them to claim the costs of an asylum matter in advance of its conclusion, where this provision is utilised, a further claim must not be made for any subsequent costs incurred (aside from disbursements). Instead, the earlier claim should be amended to include the additional costs incurred.

For example, if a provider made use of the provisions under para of the 2024 SCC, to claim the standard fee for the matter following a Home Office interview and submission of representations, they may submit a claim including their profit costs to date (e.g. £367) and disbursements of £255. They will be paid the £413 legal help asylum fee, plus the £255 for

disbursements – a total of £668. An outcome of IY should be reported – third party decision awaited.

In this example, further profit costs of £75 and £25 for disbursements, were incurred once the asylum decision was received, on advising the client of the outcome, which was a grant of asylum.

The provider should request an amendment to that earlier claim to include these costs, changing the profit costs to £442, the disbursements to £270 and updating the outcome to IA. A further £25 will be paid, in addition to the costs previously paid and the claim now reflects the full costs incurred and ultimate outcome.

If a provider were to submit a second claim, instead of following this process, they may be credited a further standard fee which they are not contractually entitled to claim.

Providers should refer to the Early Billing Key Card, on the Legal Aid Learning website for further guidance: [Immigration and asylum key cards – Legal Aid Learning](#)

I6: Claiming for costs above cost limits with a Prior Authority Number (PAN)

There are limited instances in which a provider may report additional costs, above the initial cost limit, without needing prior authority from the LAA.

These are:

- Where they attend a Home Office interview with the client (there are 3 circumstances in which attendance at an interview may be remunerated under the Interview Exception regulations ([The Civil Legal Aid \(Immigration Interviews\) \(Exceptions\) Regulations 2012](#)))
- Where up to £100 may be claimed in addition to the CLR Cost Limit for assessing the merits of an appeal to the Upper Tribunal
- Where claiming the reasonable costs of attending upon a client in detention for the purpose of taking instructions

In the latter, where the matter is payable under hourly rates, profit costs and disbursements for attending upon the client in a place of detention for the purposes of taking instructions, in addition to the applicable cost limit.

Where the matter is payable under the standard fee scheme, the profit costs relating to the travel and waiting for such an attendance, should be claimed in the Detention Travel & Waiting field, and these will be credited in addition to the standard fee. The reasonable disbursement costs incurred in the attendance, may be claimed in addition to the Disbursement Limit.

How to report these additional costs, without a case specific, allocated Prior Authority Number (PAN):

Validation exists in SaBC which applies to all Immigration & Asylum matters in which a cost limit exists, including the Legal Help and CLR Standard Fee Disbursement Limit, the Legal Help Profit Costs and the CLR Cost Limit (combined profit costs, counsel fees and

disbursements). SaBC will cap claims with costs reported above the limits, without a PAN reported.

Where the only reason for reporting a total amount in excess of the value of the applicable cost limit, is due to a provider attending the Home Office Interview, attending on a client in detention, or for assessing the merits of an appeal to the Upper Tribunal, providers should ensure that they complete the Prior Authority Number field using the relevant default code:

Circumstance	Applicable default PAN
Where claiming the reasonable costs for attending the Home Office interview <u>with a child</u>	CH00001
Where claiming the reasonable costs for attending the Home Office interview <u>with an individual who suffered from mental incapacity</u>	MC00001
Where claiming the reasonable costs for attending the Home Office interview <u>with an individual detained in an IRC</u>	DE00001
Where claiming the costs, up to £100, for <u>assessing the merits of an appeal to the Upper Tribunal</u>	UT00001
Where claiming the reasonable costs for <u>attending on a client in detention, for the purposes of taking instructions</u>	DT00001

The use of one of these default codes will demonstrate the provider's entitlement to claim these costs in addition to a Cost Limit, and the reason for doing so.

Please note: Providers should no longer rely on the previous guidance applying to CWA regarding entering "1" in the Home Office interview field, in order to allow costs to be claimed in addition to the disbursement cost limit.

The use of the codes above will be subject to audit and providers should ensure that the correct code is used and not used in a circumstance other than set out above.

What about providers who are members of the Self-Grant scheme?

Where a provider is a member of the Self Grant scheme, they self-allocate a PAN when exercising the self-grant function; this number should continue to be reported in the PAN field.

What PAN should a provider report if there are multiple extensions, or to different cost limits within the same matter?

Where a provider seeks to claim costs for any of the above circumstances and a further cost limit was also authorised, the PAN relating to that cost limit increase, should be reported rather than the default above.

Where there are multiple PANs issued due to there being more than one cost extension in relation to the same initial Cost Limit, then the latest PAN should be reported.

Similarly, where there have been extensions granted to both the Legal Help Profit Costs and Legal Help Disbursement Limits, you should record the later of the two in the PAN field. All PANs and copies of confirmations of the grant of a cost extension, should be retained on file.

Please refer to the relevant Immigration and Asylum Key card relating to the Self Grant scheme which can be found on the LAA learning website: [Immigration and asylum key cards – Legal Aid Learning](#)

17 Remitted appeals from the Upper Tribunal/Court of Appeal

While most appeals to the Upper Tribunal are funded under Licensed Work, any remittal from the Upper Tribunal or Court of Appeal to the First Tier Tribunal, will be funded under Controlled Work as Controlled Legal Representation.

Where the appeal to the Upper Tribunal would be funded under Licensed Work, a new matter start must be opened for the remittal. This would require a new CW2 IMM form to be completed and signed, and a further means and merits assessment.

The CLR Cost limit under para 8.112 of the 2024 Standard Civil Contract would apply to this matter.

Where the appeal to the Upper Tribunal was funded under CLR, under the transitional provisions for the amendment to the Procedure Regulations, the remittal would not require a new matter start, and the matter would continue under the existing grant of CLR for the First Tier Tribunal appeal.

The CLR Cost Limit remaining from the First Tier Tribunal appeal, will continue to apply and extensions of this should be requested as required. E.g. if £1000 had been incurred from the £1600 limit for the First Tier Tribunal appeal, then a further £600 remains to cover the remittal.

The guidance above, also applies where an appeal proceeded to the Court of Appeal and is remitted to the First Tier Tribunal. In all circumstances this will necessitate a new matter start and new CLR Cost Limit.

Providers should refer to the published guidance on the changes to funding of appeals to the Upper Tribunal, for further information:

17.1 Remitted appeals following Controlled Legal Representation

While most appeals to the Upper Tribunal are funded under Licensed Work, any remittal from the Upper Tribunal or Court of Appeal to the First Tier Tribunal, will be funded under Controlled Work as Controlled Legal Representation.

Where the appeal to the Upper Tribunal would be funded under Licensed Work, a new matter start must be opened for the remittal. This would require a new CW2 IMM form to be completed and signed, and a further means and merits assessment.

The CLR Cost limit under para 8.112 (b) or (c) of the 2024 SCC would apply to this matter.

Where the appeal to the Upper Tribunal was funded under CLR, under the transitional provisions for the amendment to the Procedure Regulations, the remittal would not require a

new matter start, and the matter would continue under the existing grant of CLR for the First Tier Tribunal appeal.

The CLR Cost Limit remaining from the First Tier Tribunal appeal, will continue to apply and extensions of this should be requested as required. E.g. if £1000 had been incurred from the £1600 limit for the First Tier Tribunal appeal, then a further £600 remains to cover the remittal. The guidance above, also applies where an appeal proceeded to the Court of Appeal and is remitted to the First Tier Tribunal. In all circumstances this will necessitate a new matter start and new CLR Cost Limit. Providers should refer to the published guidance on the changes to funding of appeals to the Upper Tribunal, for further information:

https://assets.publishing.service.gov.uk/media/5bfbe482ed915d11965a192c/Immigration_and_Asylum_Upper_Tribunal_Background_Information.pdf

The remitted appeal, along with the associated Upper Tribunal work, should be billed using the following codes:

Matter Type 1	Either IAXC or IMXC depending on nature of matter
Matter Type 2	IREM
Outcome Code	The outcome code appropriate to the outcome of the appeal

18: Reporting bail costs

Providers should refer to the Bail Key Card published on the Legal Aid Learning website for further guidance on the management of Bail matters, including the reporting of outcomes and costs: [Immigration and asylum key cards – Legal Aid Learning](#)

19 Immigration – Advice given to immigration detainees in prisons

When advice is given on immigration matters to immigration detainees held in prisons, as detailed in the Immigration and Asylum Category Specific Rules paras 8.146 – 8.154 this should be claimed as set out below.

Full client name and all other details should be recorded as they would for any individual client.

The following codes should be entered:

Field	Code
Matter Type 1	IAXL
Matter Type 2	IDAS
Procurement Area	PA00187
Access Point	AP00187

A maximum of 30 minutes of advice can be claimed alongside reasonable travel and waiting time.

Additional costs such as for an interpreter and travel costs should be claimed as a separate disbursement.

110 Immigration Consolidated Claims – Exclusive Contracts

There is a consolidated claims facility available for:

- Detention Duty Advice Surgeries
- Fast Track/Detained Asylum Casework Standby Payments

The table below sets out which code combinations should be used for each type of consolidated claim.

From 27 November 2024 Consolidated Claims should all be submitted as Completed Claims.

CWA Outcome Fields	Detention Duty Advice Surgeries	Fast Track Standby Payments
Case Start Date	Here the date on which the surgery was undertaken should be entered.	Start date of the Standby period should be entered.
Client Forename	NA	NA
Client Surname	NA	NA
Date of Birth	01/01/1901	01/01/1901
HO UCN	A0000000	A0000000
Case ID	A Case ID should be assigned which is unique to that surgery in that particular IRC on that day. It should also be ensured that this does not match a Case ID used when opening any individual matters by the provider office on that same day and should not match a Case ID used in relation to surgery in a different IRC on that date.. e.g. 007 may refer to a surgery on a particular date in Harmondsworth, whilst 010 may refer to a surgery on the same date in Colnbrook.	A Case ID should be assigned which is unique to a standby payment for a particular IRC on that day. It should also be ensured that this does not match a Case ID used when opening any individual matters by the provider office on that same day. e.g. 008 may refer to stand by payments for Harmondsworth on a particular date, whilst 011 may refer to a Standby Payment for the same date in Yarl's Wood
UFN	Case Start Date/Case ID Refer to above guidance on both the Case Start Date and the Case ID	Case Start Date/Case ID Refer to above guidance on both the Case Start Date and the Case ID
UCN	01011901/N/NA	01011901/N/NA
Gender	U (Unknown)	U (Unknown)
Ethnicity	99 (Unknown)	99 (Unknown)
Disability	UKN	UKN

Client Post Code	NFA	NFA
Case Concluded Date	Last day of the month to which the claims relate i.e. 31/10/2007	Last day of the month to which the claims relate i.e. 31/10/2007
MT1	IAXL	IAXL
MT2	IDAS	IFST
Advice Time	Total advice time for claim period – for all clients.	Total advice time for claim period – for all clients.
Travel Time	Time spent in Travelling to the Detention Centre. For surgeries carried out on or after 1 September 2018, this will be restricted to “0”	0
Waiting Time	Time spent Waiting at the Detention Centre. For surgeries carried out on or after 1 September 2018, this will be restricted to “0”	0
Net profit Costs excl VAT	Depending on the number of clients seen, the relevant fee should be claimed here: 1-4 clients: £180 5 or more client: £360	Total Profit Costs being claimed.
Net Disbursement s excl VAT	Any Disbursements incurred.	0
Net Cost of Counsel excl VAT	0	0
Disb VAT	Any VAT on Disbursements incurred.	0
VAT Indicator	Y/N	N
Legacy Indicator	N	N
Travel & Waiting Costs	0	0
Adjourned / Part Heard Hearing Fee	0	0

Detention Travel / Waiting	Total Costs of Travel & Waiting – to Detention Centre. For surgeries carried out between 1 September 2018 and 31 December 2023, this will be restricted to “0”	0
JR/Form Filling	0	0
Detention Centre	N/A	N/A
Hearing Centre	N/A	N/A
CMRH – Oral & Telephone	0 for both	0 for both
Substantive Hearing	0	0
Attendance at Home Office Interview	0	0
Stage Reached	IE	IT
Outcome Code	IX	IX
Postal Application Accepted?	Where a Detained Duty Advice Scheme surgery was conducted face-to-face, this should be ‘No’. Where a Detained Duty Advice Scheme surgery was conducted remotely, this should be ‘Yes’.	No
IRC Surgery	Yes	No
Surgery Date	The date the surgery took place (DD/MM/YYYY)	Leave blank
Number of clients seen at the Surgery	The number of client seen at the surgery (0-20)	Leave blank

Number of Surgery clients resulting in a legal help matter opened	The number of clients seen at the surgery for whom you subsequently opened a legal help matter (0-20)	Leave blank
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Annex J: Mental Health

Fee Code

The Submit a Bulk Claim system introduce new category specific fee codes that Providers are required to report when submitting claims for Controlled Work to ensure that they are accurately paid inline with the 2013 Civil Legal Aid (Remuneration) Regulations for the case being claimed.

The fee codes used on each claim should link to the relevant Matter Type 1 and 2 codes that you report on the Submit A Bulk Claim system. If the codes do not match up, then the **claim may be rejected** and you will need to resubmit the claim using an appropriate code combination. The Matter Type 1 and 2 codes used should be the codes that are most appropriate when reporting the matter at the end of the case

These are the fee codes that allow you to claim the main fee combinations payable for a Completed Matter.

Fee Code	Fee Code Description	Fixed Fee Paid (£)	Escape Fee Paid (£)	Conditions
MHL01	Non-Mental Health Tribunal Fee	£253	£759	Should be used alongside Case Stage code: MHL01
MHL02	Mental Health Tribunal Fee - Level 1 only	£129	£387	Should be used alongside Case Stage code: MHL02
MHL03	Mental Health Tribunal Fee - Levels 1 and 2	£450	£1,350	Should be used alongside Case Stage/Level code: MHL03
MHL04	Mental Health Tribunal Fee - Levels 1,2 and 3	£744	£2,232	Should be used alongside Case Stage/Level code: MHL04
MHL05	Mental Health Tribunal Fee - Level 2 only	£321	£963	Should be used alongside Case Stage/Level code: MHL05
MHL06	Mental Health Tribunal Fee - Levels 2 and 3	£615	£1,845	Should be used alongside Case Stage/Level code: MHL06
MHL07	Mental Health Tribunal Fee - Level 3 only	£294	£882	Should be used alongside Case Stage/Level code: MHL07
MHL08	Mental Health Tribunal Fee - Levels 1 and 3	£423	£1,269	Should be used alongside Case Stage/Level code: MHL08
MHL10	Mental Health Tribunal Fee - Level 1 (Rule 11(7)(a) cases where a patient has not engaged with the provider)	£129	N/A	Should be used alongside Case Stage/Level code: MHL10
MHLDIS	Mental Health - Interim Claim for Disbursements	N/A	N/A	N/A

Stage Disbursement Claim

How to Submit a Stage Disbursement Claim in Mental Health

In Mental Health, providers are able to submit a Stage Disbursement Claim for any disbursements incurred to date, three or six months after a case has started, and then every three or six months after such a claim is made. For full details on the contract rules governing these provisions, please see paragraph 9.68 (Mental Health). Your claim will be rejected if you make a claim that does not comply with these rules.

How to make a claim

When submitting a claim for payment in Mental Health you will need to report a 'Claim Type'. When doing so, the following options will be made available to you:

- Stage Disbursement Claim
- Completed Matter Claim

In order to submit an interim bill, you should choose '**Stage Disbursement Claim**'. You will also need to choose the code **MHLDIS** from the Fee Code field. Failure to do this could result in claims not being paid appropriately.

What other information is required?

The values you enter under the 'Net Disbursements excluding VAT' and 'Disbursement VAT' will determine the level of payment you will receive for this claim.

Depending on which claim type is selected, only those fields which are relevant to that claim will remain to be completed. For instance, for Stage Disbursement Claims, both the Profit Costs and Counsel Fee fields will be unavailable.

The ability to make stage disbursement claims will apply to all Matter Type 1 and Matter Type 2 codes. The "Mental Health: Case Stage/Level Code" field is not required when the claim type "Stage Disbursement Claim" is selected by the user provider.

Outcome Code:

An outcome code is available in Mental Health in relation to a stage claim with no outcome for the client.

The only outcome code available for selection when Claim Type 'Stage Disbursement Claim' is selected will be: - - (double dash). The table below summarises some of the key system validation that exists to support the submission of Stage Disbursement Claims:

Rule	Type of validation
Case start date	The case start date submitted is the date the matter was opened

Six months	Each claim must be submitted within the permissible time periods set out in the contract otherwise they will be rejected. For example, you will not be able to submit a claim for disbursement in a case that is not at least six months old.
Outcome for client code	As the case has not yet concluded you must use the '--' (double dash) code when reporting a disbursement stage claim.

J2 Category Specific Fields on the Submit A Bulk Claim system:

Field	Use
Case Stage/Level Code	Code refers to the set of fees you are claiming under the Mental Standard Fee Scheme and will determine such payment. This information should match the Fee Code you enter. see additional guidance below
Adjourned Hearing Fee	The number of times the MHT adjourned hearing fee is being claimed.
Additional Travel Payment	State whether the clients' location was designated as Remote (Y/N) "Y" should only be selected in order to claim the "Remote Travel Payment" where a hospital has been designated as remote.
Meetings Attended?	Types of meetings attended see additional guidance below
Stage Reached	Stage the case has reached by the end of a claim. If a MHT case also involves a managers hearing, the code MD takes precedence You should only use the code MD if there was representation at a hearing, the code MB if not. If only Level 1 work (either MHT or non-MHT) is carried out the code MA should be used
Outcome for Client	The outcome for the client by the end of a claim. Code MK should be used if a client is not discharged following an MHRT
Number of Independent Medical Reports Claimed	The number of independent medical reports claimed (0-10). This should include all independent medical reports billed on the matter, including those where the costs of the report have already been claimed via a Stage Disbursement Claim.

MHT No.	Ref.	The reference number provided to you when you submit an application to the MHT. It You should complete this for all claims where an application to the tribunal has been made (e.g. with Case Stage/Level MHL02, MHL03, MHL04, MHL05, MHL06, MHL07, and MHL08).
		The format for this field must be completed in one of the two following ways: 1. AA/NNNN/NNNN (For cases in the English jurisdiction) 2. AANNNNN (For cases in the Welsh jurisdiction) The LAA cannot envisage any circumstances where it would not be possible to obtain the MHT reference number when making any of the above claims. However, if exceptional circumstances arise where you have a legitimate reason for not having a reference number you should enter the following information in this field: "AA/1234/1234" The LAA will closely scrutinise all claims where a case has been submitted with this reference number. Justification should be provided on file explaining why there is no reference number.

J2.1 Case Stage/level

Please choose the code which represents the combination of fees you are entitled to claim, as outlined in the table below and the Fee Code you have submitted. For example, to claim an MHT Level 1, an MHT Level 2, and an MHT 3 Fee, you would enter the code **MHL04**.

Fees Claimed				
Code	Non-MHT	MHT Level 1	MHT Level 2	MHT Level 3
MHL01	Y			
MHL02		X		
MHL03		X	X	
MHL04		X	X	X
MHL05			X	
MHL06			X	X
MHL07				X
MHL08		X		X
MHL09	Not Applicable- Only use if case started pre January 2008			

MHL10	Only use for appointments made under tribunal rule 11(7)(a) England) or 13(5)(a)(i) (Wales) where client does not engage	X		
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J2.2 Meetings attended

This code is used to record the set of meetings attended during the course of a case, as well as to capture information on whether an appeal was lodged to review a decision of the First-Tier Tribunal (Mental Health). Please choose the code which represents the combination of meetings you attended during the lifetime of the case, as outlined in the table below. For example, if you attended a Tribunal Hearing, a Section 17 Meeting, and made a review/appeal application to the FirstTier Tribunal (Mental Health), you would enter the code **MTGA19**.

Please note that this field is mandatory and cannot be left blank.

Meetings Attended code	Tribunal Hearing	Hospital Managers' Review	Section 117 Meeting	CPA	App. for Review/ Appeal
MTGA01					
MTGA02	X				
MTGA03		X			
MTGA04			X		
MTGA05				X	
MTGA06	X	X			
MTGA07	X		X		
MTGA08	X			X	
MTGA09		X	X		
MTGA10		X		X	
MTGA11			X	X	
MTGA12	X	X	X		
MTGA13	X		X	X	
MTGA14	X	X		X	
MTGA15		X	X	X	
MTGA16	X	X	X	X	
MTGA17	X				X
MTGA18	X	X			X
MTGA19	X		X		X
MTGA20	X			X	X
MTGA21	X	X	X		X
MTGA22	X		X	X	X
MTGA23	X	X		X	X

MTGA24	X	X	X	X	X
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J2.3 Designated Accredited Representatives

Designated Accredited Representatives (DAR) has been removed as a requirement from the 2024 mental health specification. However, this information will still be requested as part of the Submit a Bulk Claim system until it can be removed. Any option that you do select will be accepted and will not be monitored by the LAA.

Code	Type of Representative	Explanation
01	Designated Accredited Representative	The individual who represented the client at the tribunal is on your list of "Designated Accredited Representatives".
02	Non-DAR – Employee	The individual who represented the client at the tribunal is a partner, director or employee at your firm but is not on your list of Designated Accredited Representatives (e.g. because they do not work 14 hours per week for you).
03	Non-DAR – Agent	The individual who represented the client at the tribunal is an agent who is not on your list of Designated Accredited Representatives (including self-employed consultants).
04	Non-DAR – Counsel	The individual who represented the client at the tribunal is a self-employed barrister who is not on your list of Designated Accredited Representatives.
05	Not Applicable	This code should be chosen in the following two situations: 1. The final hearing took place prior to 1 September 2018 and thus there was no requirement to use a Designated Accredited Representative 2. There was no final hearing and the Level 3 (Mental Health Proceedings) Fee is being claimed in lieu of an Adjourned Hearing Fee as per paragraph 9.87 of the Mental Health Specification. The LAA will monitor use of this code to ensure it is only being used in the above two circumstances.

J3 Reporting Codes:

Important note

All codes within this category are available for use regardless of the matter start date except for Stage Reached codes

J3.1 Matter Type

J3.1.1 *Matter Type 1: What the matter is about*

The Matter Type 1 code must reflect the most significant legal issue dealt with during the case.

Code	Description
MHDC	Patient is seeking discharge Applies to all forms of discharge from hospital and/or section and from one hospital to another (e.g. to one of lesser security).
	May be achieved by any applicable means (e.g. Mental Health Tribunal, Hospital Managers' Hearing, via representations to Responsible Medical Officer or Home Office).
MHAS	Seeking treatment following admission Applies where a hospital patient is not yet receiving some treatment which the patient feels is required.
MHNS	Seeking treatment – not yet admitted Applies where a patient in the community is not receiving some treatment and/or is being declined admission to hospital which the patient feels is required.
MHTM	Problem with treatment/medication Applies to any dispute or query regarding any form of treatment (which is very widely defined) in hospital or in the community (not falling within MHAS or MHNS categories above).
MHMC	Non-Deprivation of Liberty Applies where capacity or the lack of capacity to do or consent to anything is the principal issue (excluding “cases primarily involving a Deprivation of Liberty or alleged Deprivation of Liberty”) This also covers Inherent Jurisdiction cases.
MHBW	Deprivation of Liberty case (Mental Capacity Act 2005) Applies where the principal issue is the detention of a mentally incapacitated passive patient under the Mental Capacity Act 2005 and relevant amendments.

MHDR	Displacement of nearest relative Applies where an action may be or has been brought under s.29 Mental Health Act 1983 and relevant amendments.
MHHA	Other problem during hospital admission Applies to any matter concerning an in-patient not covered above.
MHCM	Other problem in the community Applies to any matter concerning a patient in the community not covered above.
MHOR	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.

J.3.1.2 Matter Type 2: Who the matter involves

Use the one code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in the 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description
MOUT	Outpatient living in the community (not under section)
MCOM	Under Supervised Community Treatment order Applies to all clients subject to a Community Treatment Order as set out in s.17A to 17E of the Mental Health Act 1983
MSUP	Subject to aftercare under supervision Applies to a patient subject to the regime under ss.25A-25J Mental Health Act 1983.
MCON	Conditionally discharged patient Applies to a patient who has been conditionally discharged under s.73 Mental Health Act 1983 and remains so.
MGUA	Subject to s7 guardianship Applies to a patient who is subject to the arrangements made under ss.7-10 Mental Health Act 1983.
MINF	An informal/voluntary patient in hospital Including a "Bournewood" patient.
MPAT	Under Part II MHA in hospital Applies to a patient liable to be detained in a hospital under any provision in Part II Mental Health Act 1983.

MSCR	Under Part III MHA in hospital Applies to a patient liable to be detained in a hospital under any provision in Part III Mental Health Act 1983.
MREL	A (relative or) nearest relative of a patient
MOTH	Other This code should only be used if the client does not fall into one of the above categories.

J3.2 Stage Reached

These codes are only applicable for matters opened prior to 1 April 2013. Matters opened on/after that date will not be required to report a Stage Reached code.

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

APPLICABLE IN RELATION TO MATTERS OPENED BEFORE 1 APRIL 2013	
Code	Description
MA	Advice only Applies where only advice is given and no further or follow-up work is required: an "open and close" type of matter.
MB	Casework <u>without</u> representation at <i>either</i> Hospital Managers' hearing or MHRT Applies to a matter where any further or follow-up work is required but does not include representation at either a Hospital Managers' hearing or before the Mental Health Tribunal.
MC	Representation at Hospital Managers' hearing Applies to any matter which included representation at a Hospital Managers' hearing but did not require representation before the Mental Health Tribunal.
MD	Representation at MHT Applies to any matter which required representation before the Mental Health Tribunal, regardless of other work carried out on the case. NB This code should not be used if no hearing took place . Matters where a hearing was scheduled but was cancelled for any reason and at any point should not be recorded here.

J3.3 Outcome for the client

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the most significant outcome for the legal issue described by the matter type.

J3.3.1 Matter concluded

Code	Description
MA	Immediate/absolute discharge Applies where the outcome is that the patient immediately leaves hospital, ceases to be liable to be detained in a hospital or subject to recall to a hospital, regardless of how this was achieved.
MB	Delayed/conditional/deferred or varied conditional discharge Applies where the outcome is that the patient will be discharged on a future date (delayed discharge) or ceases to be liable to be detained but remains subject to recall (conditional discharge) or remains liable to be detained but should cease to be so when the conditions of discharge are satisfied (deferred conditional discharge) or the conditions of a patient subject to recall have been varied (varied conditional discharge) - regardless of how this was achieved.
MC	Aftercare under supervision ceases or guardianship ceases Applies where a patient ceases to be subject to the regime under ss.25A-25J Mental Health Act 1983 or is discharged from the arrangements made under ss.710 Mental Health Act 1983.
MD	Discharged to prison or referred to Parole Board for release Generally this will follow from a deliberation by the Mental Health Tribunal under s.74 Mental Health Act 1983 but should be used regardless of how this was achieved.
ME	Statutory recommendation for leave Applies where the Mental Health Tribunal make a suitable recommendation under s.72 (3) (a) Mental Health Act 1983.
MF	Statutory recommendation for transfer to another hospital Applies where the Mental Health Tribunal make a suitable recommendation under s.72 (3) (a) Mental Health Act 1983.
	Statutory recommendation for guardianship/aftercare under supervision
MG	Applies where the Mental Health Tribunal make a suitable recommendation under s.72 (3) (a) or s.72 (3A) (a) Mental Health Act 1983.
MH	Extra-statutory recommendation Applies where the Mental Health Tribunal or Hospital Managers make an informal recommendation in respect of any kind of patient.
MI	Reclassification of form(s) of mental disorder Applies where the Mental Health Tribunal make a decision under s.72 (5) Mental Health Act 1983.

MJ	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
MK	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.
--	Double dash Applies to a case where a claim for stage disbursements is being made.

J3.3.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
MU	Matter stopped on advisor's recommendation
MV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
MW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
MX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
MY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
MZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex K: Miscellaneous

K1 Reporting Codes:

Fee Codes

Fee Code	Fee Code Description	Fixed Fee Paid (£)	Escape Fee Paid (£)	Conditions
MISCGEN	Miscellaneous Legal Help Fixed Fee	£79	£237	Matter Type 1 codes: XARB, XCPT, XEUC, XLAN, XHAR, XNUI, XWIL, XCON, XOTH,
MISCCON	Miscellaneous (Consumer) Legal Help Fixed Fee	£159	£477	Matter Type 1 codes: GDDA, GDEF, GCRL, GCCR, GINS, GMDO, GREF, GIPS, GPRI, GPFN, GRPI, GPRO, GOTH
MISCPI	Miscellaneous (Personal Injury) Legal Help Fixed Fee	£203	£609	Matter Type 1 codes: XPIN, PMIN, PMOD, PPER, PPSY, PBDA, PBDM, PCAT, PFAT, POTH, PMIN, PMOD, PPER
MISCASBI	Miscellaneous (ASBI) Legal Help Fixed Fee	£157	£471	Matter Type 1 codes: XASB
MISCEMP	Miscellaneous (Employment) Legal Help Fixed Fee	£207	£621	Matter Type 1 codes: YBRC, YUND, YRDP, YDIS, YEQP, YDOW, YWTR, YMPI, YOTH, XTRE

K1.1 Matter Type

K1.1.1 Matter Type 1: What the matter is about

The Matter Type 1 code must reflect the most significant legal issue dealt with during the case.

Code	Description	Condition
XCHI	Working with children & vulnerable adults Matters or proceedings regarding: ✦ The inclusion or removal of a person from a barred list (as defined in Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012); ✦ A disqualification order under section 28, 29 or 29a of the Criminal Justice and Court Services Act 2000; or ✦ A direction under section 142 of the Education Act 2002.	

XPRO	Proceeds of crime Matters or proceedings regarding the sections of the Proceeds of Crime Act 2002 defined in Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012).	
XINQ	Inquests Any proceedings in relation to an inquest under the Coroners Act 1988 into the death of the member of the individual's family (as defined in Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012).	
XPIN	Personal Injury Legal services in relation to personal injury caused by : ✦ Sexual abuse where the victim of the abuse is also a victim of domestic abuse; ✦ Serious wrongdoing etc. by a public authority; or ☐ The abuse of a child or vulnerable adult. (All as defined in Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012)	
XTRE	Employment Tribunal cases for victims of trafficking/modern slavery Legal services provided in relation to a claim under employment law arising in connection with the exploitation of a victim of trafficking in human beings or modern slavery.	Trafficking /modern slavery criteria met
XTRD	Civil Court damages claims for victims of trafficking/modern slavery Legal services provided in relation to a claim for damages arising in connection with the trafficking or exploitation of a victim of trafficking in human beings or modern slavery.	Trafficking /modern slavery criteria met
XEUC	European court Any proceedings by reference to the Court of Justice of the European Union for a preliminary ruling before 31 December 2020, and in limited circumstances after 31 December, other than where they arise within the definition of another Civil category.	
XLAN	Land and environment law Includes all disputes and declarations relating to interests and ownership of land except where they arise within the definition of another Civil category or when it relates to nuisance or trespass This may include disputes and declarations relating to commercial property	
XHAR	Harassment Proceedings under the Protection from Harassment Act 1997 except where they arise within the definition of another Civil category	

XNUI	Environmental nuisance (including injunctions) Proceedings for nuisance and trespass to land (except where they arise in the Housing category) Includes proceedings under the Animal Act 1971 and under the rule in <i>Rylands v. Fletcher</i>	
XOTH	Other This category should be used where the most significant legal issue in the case does not fall within any of the above categories. This code should also be used where the matter concerns a victim requiring Legal Help in relation to a DAPO application in the Magistrates' Court opened on or after the 27 th November 2024. NB. Crime providers are also able to use the Associated Civil Work code ASMS- Legal Help and Associated Civil Work – Miscellaneous (see the Guidance on Reporting Crime Lower Work) to claim for matters concerning a victim requiring Legal Help in relation to a DAPO application in the Magistrates' Court opened on or after the 27 th November 2024.	
XASB	Part 1 Injunction - ASBCP Act 2014 To be used for all matters relating to Part 1 injunctions of the Antisocial Behaviour, Crime and Policing Act (ASBCPA) 2014, with the exception of Housing matters.	Opened on or after 23 March 2015
XARB	Arbitration Any proceedings under the Arbitration Act 1996, other than where they arise within the definition of another Civil category	To be used in ECF cases only
XCPT	Contentious probate Any dispute regarding the distribution of assets under the terms of a will or the distribution of an estate under the Rules of Intestacy involving a family member	To be used in ECF cases only
XWIL	Non family wills Any dispute regarding the distribution of assets under the terms of a will not involving a family member	To be used in ECF cases only
XCON	Change of name Matters or proceedings regarding changing a name, except where they arise within the Family category	To be used in ECF cases only

Employment

If the case involves employment issues and is funded through ECF then the following matter type codes should be used

Code	Description	Condition
YBRC	Breach of contract Failure to pay notice pay. Other disputes about breaches of the terms of the contract of employment or terms of a compromise agreement can come within this category unless they more appropriately fit in YDOW or YWTR.	To be used in ECF cases only
YUND	Unfair dismissal Claims that the dismissal was unfair because: - ✦ the reason for the dismissal was unfair ✦ the proper dismissal procedures were not followed ☐ the dismissal was not fair in all the circumstances. ☐ Claims for constructive dismissal. ☐	To be used in ECF cases only
YRDP	Redundancy payment Disputes about the client's entitlement to or amount of redundancy pay. Disputes about the fairness of the client's selection for redundancy should proceed under YUND.	To be used in ECF cases only
YDOW	Deduction of wages Disputes about the failure to pay wages or to pay wages in full. Disputes about the failure to pay holiday. Disputes about failure to pay the minimum wage. Disputes about amounts deducted from wages.	To be used in ECF cases only
YWTR	Working time regulations issues Disputes about: - ✦ Average weekly hours ✦ Rest periods and rest breaks ✦ Annual leave (except disputes about payment of holiday pay – these should be YDOW) ☐ Night work.	To be used in ECF cases only
YMPI	Maternity/paternity issues Less favourable treatment on the grounds of maternity/ paternity and other maternity/paternity issues including: - ✦ Failure to pay maternity/ paternity pay ✦ Maternity/paternity leave ✦ Right to return to work after maternity leave ✦ Time off to care for dependants ✦ Parental leave ✦ Flexible working ✦ Adoption leave and pay.	To be used in ECF cases only

YOTH	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.	To be used in ECF cases only
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Personal injury If the case involves personal injury issues and is funded through ECF then the following matter type codes should be used

Code	Description	Condition
PMIN	Physical injury (full recovery in 1 year)	To be used in ECF cases only
PMOD	Physical injury (full recovery in 3 years)	To be used in ECF cases only
PPER	Physical injury (with persistent problems) (e.g. permanent scarring, ongoing pain etc.) Permanent scarring, ongoing pain etc.	To be used in ECF cases only
PPSY	Psychiatric injury	To be used in ECF cases only
PBDA	Brain damage to an adult	To be used in ECF cases only
PBDM	Brain damage to a minor	To be used in ECF cases only
PCAT	Catastrophic injury rendering the client dependent upon others for care (spinal injury, brain damage etc.) The most serious of injuries including a mixture of type of injury e.g. spinal injury and incontinence or renal failure requiring dialysis.	To be used in ECF cases only
PFAT	Fatal injury	To be used in ECF cases only
POTH	Other This code should only be used where the most significant legal issue in the case does not fall within any of the above categories.	To be used in ECF cases only

K1.1.2 Matter Type 2: Who the matter involves

Use the appropriate Matter Type 2 code to accurately identify the defendant/potential defendant or opponent/potential opponent. If there is or is likely to be more than one defendant/opponent, the dominant or first defendant/opponent should be selected when reporting.

Code	Description	
XSEC	Serious wrongdoing, etc., by Public Authority (Personal Injury only) Please see Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012 for definition.	To be used in cases started after 1 April 2013 only
XSAS	Sexual assault (Personal Injury only) Please see Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012 for definition.	To be used in cases started after 1 April 2013 only
XCVL	Abuse of a child or vulnerable adult (Personal Injury only) Please see Schedule 1 to the Legal Aid, Sentencing and Punishment of Offenders Act 2012 for definition.	To be used in cases started after 1 April 2013 only
XPUB	Problem relates to public body Includes any public body or their contractors	
XPRI	Problem relates to private individual Includes only individual opponents and does not include private companies	
XOTH	Other Used where the opponent does not fall within any of the above categories. This code should also be used where the matter concerns a victim requiring Legal Help in relation to a DAPO application in the Magistrates' Court opened on or after the 27 th November 2024. NB. Crime providers are also able to use the Associated Civil Work code ASMS- Legal Help and Associated Civil Work – Miscellaneous (see the Guidance on Reporting Crime Lower Work) to claim for matters concerning a victim requiring Legal Help in relation to a DAPO application in the Magistrates' Court opened on or after the 27 th November 2024.	

Employment

If the case involves employment issues and is funded through ECF then the following codes should be used

Use the one code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in the 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description	Condition
YPTE	Client is in part time employment	To be used in ECF cases only
YFTE	Client is in full time employment	To be used in ECF cases only
YSEM	Client is self employed	To be used in ECF cases only
YUNE	Client is unemployed	To be used in ECF cases only
YEMP	Client is employer/other	To be used in ECF cases only
YOTH	Other This code should only be used if the client does not fall into one of the above categories.	To be used in ECF cases only

K1.2 Stage Reached

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

Code	Description	Condition
XD	Representation at court/tribunal (Excluding Personal Injury) Applies where solicitors have provided or arranged representation before courts and tribunals (including representation provided pro bono or under other funding) but not where the Matter Type 1 is Personal Injury.	
XE	Representation at Court or Tribunal (Personal Injury only) Applies where solicitors have provided or arranged representation before courts and tribunals (including representation provided pro bono or under other funding) but only for Personal Injury Matter Type 1 codes.	Trafficking / modern slavery criteria met
XA	First meeting Matters which conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice, including the confirmation of advice letter.	

XB	Further work Work beyond the first meeting, not including the confirmation of advice letter, including work preparatory to putting the case for the client. Applies where further work (e.g. investigative work) has been carried out but there has been no contact with the potential opposing party (other than for the purposes of investigation).	
XC	Putting case for the client – any communications with relevant third parties for the purposes of gathering information or negotiating on behalf the client Includes correspondence with opposing party for the purposes of putting the case. Includes pre-action protocol letters and any communication with a third party that constitutes substantively putting the case for the client. Includes preparation of representations and evidence for tribunals etc.	
XD	Court/Tribunal	Trafficking /modern slavery or criteria or ECF only

K1.3 Outcome for the client

K1.3.1 Matter concluded

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

Code	Description	Condition
XK	Client receives periodical payments and lump sum/damages (Personal Injury only)	
XL	Client receives periodical payments (Personal Injury only)	
XB	Client receives new or increased periodic payment Matter concludes with the client <u>only</u> receiving a new or increased periodical payment e.g. NASS benefit payment	Trafficking /modern slavery or criteria or ECF only
XA	Client receives damages Any payment of a lump sum by the opponent to the client.	
XC	Sum owed by client to a third party is reduced or is less than claimed A lump sum claim by a third party is successfully defended or the amount payable is less than claimed.	

XD	Liability of client to make periodical payments is reduced or is less than claimed A claim for a periodic amount by a third party is successfully defended or the amount payable is less than claimed.	
XE	Opponent/other party action benefits client Third party or opponent intervention assists client.	
XF	Opponent/other party action prevented Applies where threats of action (or unlawful action) have been prevented	
XG	Opponent/other party action delayed Applies where threats of action (or unlawful action) have been delayed i.e. extra time is gained	
XH	Client secures explanation or apology only Applies to formal and informal complaints resolved in client's favour without financial compensation.	
XI	Client advised and enabled to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	
XJ	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	

Employment

If the case involves employment issues and is funded through ECF then the following codes should be used

Code	Description	Condition
YA	Client receives financial settlement 'out of court' Negotiated settlement involving a "lump sum" payment from the employer, the Redundancy Payments Office or another third party. Payment should be made or agreed before the matter reaches a final hearing at a tribunal or court.	To be used in ECF cases only

YB	Client receives financial award from court/tribunal Payment is made by the employer, the Redundancy Payments Office or another third party following a final determination by a tribunal or court. This category should include tribunal/court decisions that result in increased or new periodical payments.	To be used in ECF cases only
YC	Client receives new or increased periodical payment Matter concludes with the client <u>only</u> receiving a new or increased periodical payment e.g. increased wages (no determination by court/tribunal).	To be used in ECF cases only
YD	Client receives financial award and new or increased periodical payment Matter concludes with the client receiving a “lump sum” <u>and</u> a new or increased periodical payment (no determination by court/tribunal).	To be used in ECF cases only
YE	Sum owed by client to a third party is reduced or is less than claimed	To be used in ECF cases only
YF	Employer/opponent action benefits client	To be used in ECF cases only
YG	Employer/opponent action prevented	To be used in ECF cases only
YH	Employer/opponent action delayed	To be used in ECF cases only
YI	Client secures explanation or apology	To be used in ECF cases only
YJ	Client secures reference	To be used in ECF cases only
YK	Client advised and able to better understand/access/manage their employment rights Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	To be used in ECF cases only

YL	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	To be used in ECF cases only
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K1.3.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
XU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
XV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.
XW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases
XX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.
XY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
XZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Employment

To be used when funding ECF cases only

Code	Description	Condition
YU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).	To be used in ECF cases only

YV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.	To be used in ECF cases only
YW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.	To be used in ECF cases only
YX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.	To be used in ECF cases only
YY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.	To be used in ECF cases only
YZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.	To be used in ECF cases only

Exemption Code Criteria

Victims of trafficking and modern slavery will be entitled to legal help (no advocacy) at the employment tribunal. These cases will be reported using Matter Type 1 code in the Miscellaneous category: XTRD.

Victims of trafficking and modern slavery will be entitled to services to bring a damages claim against an alleged trafficker; these cases will be reported using Matter Type 1 code in the miscellaneous category: XTRE

If a Provider selects a Matter Type code combination that would not be applicable unless it involved a victim of trafficking, the Submit A Bulk Claim will require the Provider to verify that the case meets the requisite criteria using the “Exemption Criteria Satisfied” field, and record a valid exemption for these cases.

The provider will not be required to detail the nature of the evidence provided but they will be required to retain this on file.

Issue Present In the Case	Criterion/test which needs to be satisfied in order for the case to be funded	Reporting Code	System description
Separated Migrant Children	Client is a separated migrant child	CM001	Separated migrant children
Trafficking		TR001	

	The client has been a victim of trafficking or modern slavery		Trafficking or modern slavery
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Annex L: Public Law

Fee Code

Fee Code	Description	Standard Fixed Fee	Escape Fee Threshold
PUB	Public Law Legal Help Fixed Fee	£259	£777

L1.1 Matter Type

L1.1.1 Matter Type 1: What the matter is about

The Matter Type 1 code must reflect the most significant legal issue dealt with during the case.

Code	Description
BPBA	Ultra vires act/failure to act by Public Body Where the predominant ground for challenge arises from a breach of statutory duty or an act which is taken without lawful authority.
BEOD	Unlawful exercise of discretion Where the predominant ground for challenge arises from the exercise of a power by a public body e.g a public body has taken a decision and where the client does not seek to challenge the authority to make the decision but rather the outcome. This category would include challenges based on grounds that the decision maker has failed to take into account a relevant consideration or has taken into account an irrelevant consideration.
BPRO	Claim based on procedural unfairness Where the predominant ground for challenge arises from a perceived flaw in the procedure adopted by the decision maker. This is appropriate for cases which are based on process rather than outcome challenges e.g. bias.
BDIS	Discrimination Where the predominant ground for challenge arises from discrimination.
BHRA	HRA claim Where the predominant ground for challenge arises from the application of HRA.
BMAL	Maladministration Where the issues in dispute are being pursued by way of an ombudsman scheme.
BRDP	Application of regulatory or disciplinary procedure Where, for example, a dispute concerns a decision by the Office for the Supervision of Solicitors, the General Medical Council, OFCOM etc.

BOTH	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.
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L1.1.2 Matter Type 2: Who the matter involves

The Matter Type 2 must reflect the nature of the institution whose decision, act or omission is under challenge.

Code	Description
BCGD	Central Government Department/Agency
BLOC	Local Authority
BHSP	Health service provider
BESP	Education service provider
BPUB	Public Utility
BPRI	Private Company/organisation providing other public services
BOTH	Other
BNAS	NASS advice

L1.2 Outcome for the client

Enter a code from the category list showing the outcome reached for the client. This must be the outcome for the legal issue described by the matter type.

L1.2.1 Matter concluded

Code	Description
BA	Client receives damages or property
BB	Client receives new or increased periodical payments
BC	Client receives damages or property and new or increased periodical payments
BD	Sum owed by client to a third party is reduced or is less than claimed
BE	Liability of client to make regular payments is reduced or is less than claimed

BF	Client secures re-determination This code should be used if the client is successful in procuring a quashing of a disputed decision and the taking of a fresh decision (regardless of the outcome of the new decision).
BG	Client secures new, resumed or improved services
BH	Client secures other substantive non-financial benefit The matter is concluded with a non-financial benefit for the client. This code would be appropriate for cases which involve a vires challenge.
BI	Opponent/other party action prevented
BJ	Opponent/other party action delayed
BK	Client secures apology or explanation
BL	Client advised and able to plan and/or manage their affairs better. Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.
BM	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.

L.1.2.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description
BU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).
BV	Matter proceeded under other CLS Funding
BW	Client referred to another organisation Includes referrals to other solicitors, charities or special interest groups and support services etc. Does not cover referral of different but connected cases.
BX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.

BY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.
BZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.

Annex M: Welfare Benefits

M1 Reporting Codes:

Fee Code

Fee Code	Fee Code Description	Fixed Fee Paid (£)	Escape Fee Paid (£)	Conditions
WFB1	Welfare Benefits Controlled Work fee	£208	£624	Escape Fee threshold does not apply for cases started on/or before 30 April 2025.

M1.1 Matter Type

The matter type must reflect the most significant legal issue dealt with

M1.1.1 Matter Type 1: What type of benefit is involved

Code	Description
WDLA	Disability living allowance/Attendance allowance This code should only be used to report claims relating to Disability Living Allowance and Attendance Allowance matters
WDLA	Disability Living Allowance This code should <u>only</u> be used to report disability living allowance related claims where the client is either under the age of 16 or 65 and above.
WBAA	Attendance Allowance This code should only be used to report Attendance Allowance related claims.
WBPI	Personal Independence Payments This code should only be used to report disability related claims where the client is of working age, i.e. between the ages of 16 and 64.
WBUC	Universal Credit This code should only be used to report Universal Credit related claims.
WICB	Incapacity benefit
WSFP	Social fund payments
WHBT	Housing benefit
WIST	Income support

WJSA	Jobseekers allowance
WIIB	Industrial injuries disablement benefits
WBBT	Bereavement benefits
WTAX	Tax credits – including pension credit
WMUL	Multiple benefits At the end of the case please record the most significant legal issue dealt with (e.g. a client has a query about backdating housing benefit and a reassessment of income support. The backdating issue was dealt with quickly through correspondence and the reassessment issue went to appeal. This case should be recorded as WIST WAPL). If a client simply wanted general benefits advice then code as WMUL WOTH.
WOTH	Other benefits
WESA	Employment and Support Allowance

M1.1.2 Matter Type 2: What does the matter involve

Where more than one matter is involved, record the highest level the matter reached:
e.g. if a matter starts as a reassessment of benefits and proceeds to an appeal report it as WAPL.

Code	Description	Condition
WBPA	Preparing a permission application to appeal to the Upper Tribunal Used for claims relating to the Client seeking advice and assistance in considering whether to submit an application to appeal to the Upper Tribunal and submitting an application to appeal to the Upper Tribunal.	
WBUT	Appeal to the Upper Tribunal Used for claims relating to substantive appeals on a point of law of the First-tier Tribunals decision in the Upper Tribunal.	
WBCA	Appeal to the Court of Appeal Used for claims relating to an appeal on a point of law in the Court of Appeal.	
WBSC	Appeal to the Supreme Court Used for claims relating to an appeal on a point of law in the Supreme Court.	

WBHC	Onward Council Tax Reduction Scheme Appeals to the High Court Used for claims relating to an onward Council Tax Reduction Scheme Appeal to the High Court.	
WREA	Reassessment of benefits Where entitlement to benefit is being reassessed by the DWP/LA/IR.	To be used in ECF cases only
WREV	Revision/supersession Where the client requests review or supersession of a decision.	To be used in ECF cases only
WSSC	Appeal to Social Security Commissioners Whilst the title refers to the SSC, this code should be used in relation to appeals to the Upper Tribunal	To be used in ECF cases only
WAPL	Appeal – Other	To be used in ECF cases only
WOVE	Overpayment of benefits	To be used in ECF cases only
WBAC	Backdating of benefits	To be used in ECF cases only
WLGO	Complaint to Local Government/ Parliamentary Ombudsman	To be used in ECF cases only
WOTH	Other This category should only be used where the most significant legal issue in the case does not fall within any of the above categories.	To be used in ECF cases only
WNAS	NASS advice	To be used in ECF cases only

M1.2 Outcome for the client

Enter a code from the category list showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type.

M1.2.1 Matter concluded

Code	Description	Condition
WA	Client receives/retains lump sum	

WB	Client receives continuing, increased or new periodical payments	
WC	Client receives/retains both a lump sum and periodical payments	
WD	Sum owed by client to a third party is reduced or is less than that originally claimed	
WE	Liability of client to make regular payments is reduced or is less than claimed	
WF	Client advised and able to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	To be used in ECF cases only
WG	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	
WS	Successful Appeal This Should only be used where there has been a successful appeal on a point of law at the Upper Tribunal, Court of Appeal and Supreme Court.	

M1.2.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description	Condition
WU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).	
WV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.	
WX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.	To be used in ECF cases only

WY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.	To be used in ECF cases only
WZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.	

Annex N: Early Legal Advice (Housing Loss Prevention Advice Service (HLPAS))

N1 Reporting Codes:

Fee Code

Fee Code	Fee Code Description	Fixed Fee Paid (£)	Escape Fee Paid (£)
ELA	HLPAS Stage One: early legal advice	£157	£471

In-court work undertaken as part of HLPAS will not be claimed via SaBC, it will continue to be claimed off-line and there are no changes to this reporting.

N1.1 Matter Type

The matter type must reflect the most significant legal issue dealt with during the case.

N1.1.1 Matter Type 1: What the matter is about

Code	Description	Condition
LHPR	Possession - Rent Arrears a) A claim for possession has been made or is due to be made, and b) The main issue concerns arrears of rent of other charges.	To be used in cases started on or after 1 September 2024 only
LHPM	Possession – Mortgage Arrears a) A claim for possession has been made or is due to be made, and b) The main issue concerns mortgage arrears.	
LHPT	Possession – Council tax arrears a) A claim for possession has been made or is due to be made, and b) The main issue concerns council tax arrears.	To be used in cases started on or after 1 September 2024 only
LHPU	Possession – Utilities arrears a) A claim for possession has been made or is due to be made, and b) The main issue concerns arrears in utilities payments.	To be used in cases started on or after 1 September 2024 only
LHPC	Possession – Court fines	To be used in cases started on or after 1 September 2024 only

	a) A claim for possession has been made or is due to be made, and b) The main issue concerns arrears in court fines.	
LHAS	Possession proceedings including Part 1 Injunctions - ASBCP. To be used from 23 March 2015 onwards for all housing matters relating to Part 1 injunctions of the Anti-social Behaviour, Crime and Policing Act (ASBCPA) 2014. (N.B. This civil injunction replaces a number of orders including anti-social behaviour orders, anti-social behaviour injunctions, drinking banning orders, intervention orders and individual support orders.)	To be used in cases started on or after 1 September 2024 only
LHRE	Re-housing (non-homelessness) a) A possession claim has been made or due to be made, and b) the main issue is the transfer, allocation or legal issues associated with finding alternative housing.	To be used in cases started on or after 1 September 2024 only
LHRP	Disrepair a) A possession claim has been made or is due to be made, and b) the main issue concerns the alleged poor state of residential premises or fixtures or nuisance other than anti-social behaviour.	To be used in cases started on or after 1 September 2024 only
LHUE	Harassment/Unlawful eviction a) A possession claim has been made or is due to be made, and b) the main issue is a claim or potential claim under the Protection from Eviction Act 1977 or in relation to a breach of covenant for quiet enjoyment.	To be used in cases started on or after 1 September 2024 only
LHOM	Threat of homelessness a) a possession claim has been made or is due to be made, and b) The client has been threatened with homelessness, as defined in homelessness legislation.	To be used in cases started on or after 1 September 2024 only
LHLN	Landlord & tenant: Other terms and conditions a) a possession claim has been made or is due to be made, and	To be used in cases started on or after 1 September 2024 only

	b) the main issue concerns other matters between landlord and tenant including service charges, deposits and all implied or express terms of occupation excluding rent, disrepair and re-housing.	
LHOT	Other - Housing This category should only be used where the most significant legal housing issue in the case does not fall within any of the above categories.	To be used in cases started on or after 1 September 2024 only
LDNP	Non priority debt(s) a) a possession claim has been made or is due to be made, and b) the main issue concerns bank loans, credit card/HP/other regulated credit debts.	To be used in cases started on or after 1 September 2024 only
LDIB	Involuntary Bankruptcy (where client's estate includes their home) a) A claim for possession has been made or is due to be made, and b) A creditor is seeking to make the individual (debtor) bankrupt in order to recoup a debt that they are owed, and the client's estate includes their home.	To be used in cases started on or after 1 September 2024 only
LDOS	Order for Sale of the Home a) A claim for possession has been made or is due to be made, and b) A creditor is seeking to force the sale of the client's property in order to recoup the debt they are owed.	To be used in cases started on or after 1 September 2024 only
LDOT	Other – Debt This category should only be used where the most significant legal debt issue in the case does not fall within any of the above categories.	To be used in cases started on or after 1 September 2024 only
LWCB	Claiming benefits a) A claim for possession has been made or is due to be made, and b) The main issue concerns the claiming of a benefit, allowance, payment, credit or pension.	To be used in cases started on or after 1 September 2024 only
LWRA	Reassessment of benefits a) A claim for possession has been made or is due to be made, and	To be used in cases started on or after 1 September 2024 only

	b) The main issue concerns the reassessment of benefits.	
LWRV	Revision/supersession a) A claim for possession has been made or is due to be made, and b) The main issue concerns the revision or supersession of a benefit, allowance, payment, credit or possession.	To be used in cases started on or after 1 September 2024 only
LWAP	Appeal of refusal of benefits a) A claim for possession has been made or is due to be made, and b) The main issue concerns the appeal of refusal of benefits outside of legal proceedings.	To be used in cases started on or after 1 September 2024 only
LWOV	Overpayment of benefits a) A claim for possession has been made or is due to be made, and b) The main issue concerns the overpayment of benefits.	To be used in cases started on or after 1 September 2024 only
LWBD	Backdating of benefits a) A claim for possession has been made or is due to be made, and b) The main issue concerns the backdating of benefits.	To be used in cases started on or after 1 September 2024 only
LWLG	Complaint to Local Government/ Parliamentary Ombudsman a) A claim for possession has been made or is due to be made, and b) The main issue concerns a complaint to the local government/parliamentary ombudsman.	To be used in cases started on or after 1 September 2024 only
LWOT	Other – Welfare Benefits This category should only be used where the most significant legal welfare benefits issue in the case does not fall within any of the above categories.	To be used in cases started on or after 1 September 2024 only

N1.1.2 Matter Type 2: Who the matter involves

Use the code that best describes the status of the main person involved in the case (likely to be the client) as it relates to their main legal issue (described in 'What the matter is about' above) prior to that issue being resolved or in any way addressed.

Code	Description	Condition
LPUB	Client has local authority landlord Includes local authorities whose stock is managed by an ALMO.	To be used in cases started on or after 1 September 2024 only
LPRI	Client has private landlord Landlords other than local authorities and social landlords.	To be used in cases started on or after 1 September 2024 only
LHAC	Client has other social landlord Registered social landlords, co-ops, housing action trusts.	To be used in cases started on or after 1 September 2024 only
LOWN	Client is owner occupier Freeholders, long leaseholders, shared ownership.	To be used in cases started on or after 1 September 2024 only
LHLS	Client is threatened with homelessness The client has been threatened with homelessness, as defined in homelessness legislation, but has not received a valid notice. This may include illegal eviction or possession or claim that the individual is a squatter when they are able to demonstrate they are the registered owner of a property.	To be used in cases started on or after 1 September 2024 only
LCRE	Client is a creditor Where the client faces possession and is owed money by a person and/or company and requires assistance recovering the debt.	To be used in cases started on or after 1 September 2024 only
LIBP	Client is defending involuntary bankruptcy proceedings Applies where a creditor seeks a court order forcing the sale of the client's property in order to recoup the debt they are owed.	To be used in cases started on or after 1 September 2024 only
LSCH	Client wants to reschedule debts Applies where the client cannot maintain the repayments required by creditors and wishes to put forward more affordable offers.	To be used in cases started on or after 1 September 2024 only
LVAL	Client wants to challenge validity of debts Applies where the client does not believe that the amount being claimed by a creditor is correct and/or has reason to believe that they are not liable for the debt.	To be used in cases started on or after 1 September 2024 only
LMIX	Client wants both to challenge validity of debts and reschedule debts A mixture of the LVAL & LSCH codes.	To be used in cases started on or after 1 September 2024 only
LBEN	Client has a benefit issue Applies when the main issue concerns the individuals access to benefits	To be used in cases started on or after 1 September 2024 only

LOTH	Other This code should only be used if the client does not fall into one of the above categories.	To be used in cases started on or after 1 September 2024 only
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N1.2 Stage Reached

Please enter the code from the category list provided showing what stage has been reached in the case. This should correspond to the “highest” level of assistance provided to the client.

Code	Description	Condition
LA	First meeting - Matters which conclude after the first meeting with the client, where no further work is undertaken beyond confirming instructions and giving advice, including the confirmation of advice letter.	To be used in cases started on or after 1 September 2024 only
LB	Further work - Work beyond the first meeting, not including the confirmation of advice letter, including work preparatory to putting the case for the client. Applies where further work (e.g. investigative work) has been carried out but there has been no contact with the potential opposing party (other than for the purposes of investigation).	To be used in cases started on or after 1 September 2024 only
LC	Putting case for the client - Includes correspondence with opposing party for the purposes of putting the case. Includes pre-action protocol letters and any communication with a third party that constitutes substantively putting the case for the client. Also includes preparation of representations and evidence for tribunals etc.	To be used in cases started on or after 1 September 2024 only

N1.3 Outcome for the client

N1.3.1 Matter concluded

Please enter a code from the category list provided showing what outcome has been reached for the client. This must be the outcome for the legal issue described by the matter type. If two or more categories apply (apart from both LA and LB where you should use LC) choose the one that appears to be the most significant for the client.

The codes are split into Matter concluded and Matter non concluded. Please select one.

Code	Description	Condition
LA	Client receives/retains lump sum, damages or property Any lump sum payment to client including any paid in reduction of rent. Any property right successfully asserted/defended.	To be used in cases started on or after 1 September 2024 only
LB	Client receives continuing, increased or new periodical payment	To be used in cases started on or after 1 September 2024 only
LC	Client receives/retains lump sum, damages or property and continuing, increased or new periodical payment	To be used in cases started on or after 1 September 2024 only
LD	Sum owed by client to a third party is reduced or is less than originally claimed A lump sum claim by a third party is successfully defended or the amount payable is less than claimed.	To be used in cases started on or after 1 September 2024 only
LE	Liability of client to make regular payments is reduced or is less than claimed A claim for a periodic amount by a third party is successfully defended or the amount payable is less than claimed.	To be used in cases started on or after 1 September 2024 only
LF	Client housed, re-housed or retains home	To be used in cases started on or after 1 September 2024 only
LG	Repairs or improvements to the client's home Work done on the home or furniture/fixtures improved.	To be used in cases started on or after 1 September 2024 only
LH	Opponent/other party action benefits client Third party takes action.	To be used in cases started on or after 1 September 2024 only
LI	Opponent/other party action prevented or delayed Third party is dissuaded from taking action / extra time is gained– commonly in possession cases or rent payments are rescheduled	To be used in cases started on or after 1 September 2024 only
LJ	Client secures explanation or apology Following a complaint or query of some kind to a third party.	To be used in cases started on or after 1 September 2024 only
LK	Client advised and enabled to plan and/or manage their affairs better Applies where, as result of your advice or assistance, the matter for which advice was sought concludes and your client is better able to plan or manage their own affairs in future.	To be used in cases started on or after 1 September 2024 only

LL	Liability contested successfully Client was able to prove that they were not liable for a debt.	To be used in cases started on or after 1 September 2024 only
LM	Debt written off/ reduced Creditor agreed that they would no longer pursue the client for balance or agrees to accept a lower amount in settlement of their debt	To be used in cases started on or after 1 September 2024 only
LN	Affordable payment arrangements negotiated on behalf of client Creditor agrees to accept reduced payments based upon what the client could afford to offer.	To be used in cases started on or after 1 September 2024 only
LO	Admin order made Administration Order agreed by the County Court.	To be used in cases started on or after 1 September 2024 only
LP	Client referred for IVA Client referred to a third party to put forward a proposal for an Individual Voluntary Arrangement.	To be used in cases started on or after 1 September 2024 only
LQ	Bankruptcy order made Client was able to declare themselves bankrupt, or creditor successfully petitioned for the client's bankruptcy.	To be used in cases started on or after 1 September 2024 only
LR	Debt relief order made This should only be used where clients without access to bankruptcy orders are able to meet the necessary criteria under a Debt Relief Order.	To be used in cases started on or after 1 September 2024 only
LS	Matter concluded otherwise This should only be used if there is no outcome of the most significant legal issue in the case which is covered by one of the above categories.	To be used in cases started on or after 1 September 2024 only

N1.3.2 Matter not concluded

Use the following codes only where you do not know the outcome.

Code	Description	Condition
LT	Matter proceeding to possession hearing at court Applies when it is has not been possible to resolve the matter before the first substantive possession hearing.	To be used in cases started on or after 1 September 2024 only
LU	Matter stopped on advisor's recommendation Matter stopped on the basis of advisor's opinion that continuation does not justify continued public funding (includes unfavourable opinions from experts or informal advice from counsel).	To be used in cases started on or after 1 September 2024 only

LV	Matter proceeded under other Civil Legal Aid Includes full or investigative representation certificates.	To be used in cases started on or after 1 September 2024 only
LW	Client referred to another organisation Includes referrals about the same matter to other solicitors, charities or special interest groups and support services etc. It does not cover referral of different but connected cases.	To be used in cases started on or after 1 September 2024 only
LX	Client advised and taking action themselves or with the help of a third party Applies where you advise that you are unable to assist but the client carries on by themselves or with help from others.	To be used in cases started on or after 1 September 2024 only
LY	Client advised and third party action or decision awaited Applies where the client has sought advice and assistance before third party action has been taken or decision received.	To be used in cases started on or after 1 September 2024 only
LZ	Outcome not known/client ceased to give instructions Applies where a case has ended because the client has failed to give instructions, withdrawn instructions, or the matter has been ended for other reasons before the outcome is known.	To be used in cases started on or after 1 September 2024 only

Annex O Mediation

The SaBC system introduce new category specific fee codes that Providers are required to report when submitting claims for Controlled Work to ensure that they are accurately paid in line with the 2013 Civil Legal Aid (Remuneration) Regulations for the case being claimed.

The fee codes used on each claim should link to the relevant Work Type codes, the Outcome codes and the number of parties that you report on the SaBC system. If the codes do not match up, then the claim may be rejected and you will need to resubmit the claim using an appropriate code combination. The Matter Type 2 codes used should be the codes that are most appropriate when reporting the matter at the end of the case.

Fee codes

Fee Code	Fee Code Description	Single Session	Multi Session	Conditions
ASSA	Mediation Assessment (alone)	£87	N/A	Matter Type code: ASSA
ASSS	Mediation Assessment (separate)	£87	N/A	Matter Type code: ASSS
ASST	Mediation Assessment (together)	£130	N/A	Matter Type code: ASST
MDAS2B	All Issues Sole - 2 parties eligible, no agreement	£168	£756	Matter Type code: MDAS Outcome code: B or A Number of Parties: 2
MDAS1B	All Issues Sole - 1 party eligible, no agreement	£168	£462	Matter Type code: MDAS Outcome code: B or A Number of Parties: 1
MDAC2B	All Issues Co - 2 parties eligible, no agreement	£230	£1,064	Matter Type code: MDAC Outcome code: B or A Number of Parties: 2
MDAC1B	All Issues Co -1 party eligible, no agreement	£230	£647	Matter Type code: MDAC Outcome code: B or A Number of Parties: 1
MDAS2S	All Issues	£420	£1,008	Matter Type code: MDAS Outcome code: S Number of Parties: 2

	Sole - 2 parties eligible, agreement on All Issues			
MDAS1S	All Issues Sole - 1 party eligible, agreement on All Issues	£294	£588	Matter Type code: MDAS Outcome code: S Number of Parties: 1
MDAS2P	All Issues Sole - 2 parties eligible, agreement on P&F only	£357	£945	Matter Type code: MDAS Outcome code: P Number of Parties: 2
MDAS1P	All Issues Sole - 1 party eligible, agreement on P&F only	£262.5	£556.50	Matter Type code: MDAS Outcome Code: P Number of Parties: 1
MDAS2C	All Issues Sole - 2 parties eligible, agreement on Child only	£294	£882	Matter Type code: MDAS Outcome code: C Number of Parties: 2
MDAS1C	All Issues Sole - 1 party eligible, agreement on Child only	£231	£525	Matter Type code: MDAS Outcome code: C Number of Parties: 1
MDAC2S	All Issues Co - 2 parties eligible, agreement on All Issues	£482	£1,316	Matter Type code: MDAC Outcome code: S Number of Parties: 2
MDAC1S	All Issues Co - 1 party eligible, agreement on All Issues	£356	£773	Matter Type code: MDAC Outcome code: S Number of Parties: 1
MDAC2P	All Issues Co - 2 parties eligible, agreement on P&F only	£419	£1,253	Matter Type code: MDAC Outcome code: P Number of Parties: 2
MDAC1P	All Issues Co - 1 party eligible, agreement on P&F only	£324.5	£741.5	Matter Type code: MDAC Outcome code: P Number of Parties: 1

MDAC2C	All Issues Co - 2 parties eligible, agreement on Child only	£356	£1,190	Matter Type code: MDAC Outcome code: C Number of Parties: 2
MDAC1C	All Issues Co - 1 party eligible, agreement on Child only	£293	£710	Matter Type code: MDAC Outcome code: C Number of Parties: 1
MDPS2B	Property & Finance Sole - 2 parties eligible, no agreement	£168	£588	Matter Type code: MDPS Outcome code: B or A Number of Parties: 2
MDPS1B	Property & Finance Sole - 1 party eligible, no agreement	£168	£378	Matter Type code: MDPS Outcome code: B or A Number of Parties: 1
MDPC2B	Property & Finance Co - 2 parties eligible, no agreement	£230	£834	Matter Type code: MDPC Outcome code: B or A Number of Parties: 2
MDPC1B	Property & Finance Co - 1 party eligible, no agreement	£230	£532	Matter Type code: MDPC Outcome code: B or A Number of Parties: 1
MDPS2S	Property & Finance Sole - 2 parties eligible, with agreed proposal	£357	£777	Matter Type code: MDPS Outcome code: S Number of Parties: 2
MDPS1S	Property & Finance Sole - 1 party eligible, with agreed proposal	£262.50	£472.5	Matter Type code: MDPS Outcome code: S Number of Parties: 1
MDPC2S	Property & Finance Co - 2 parties eligible, with agreed proposal	£419	£1,023	Matter Type code: MDPC Outcome Code: S Number of Parties: 2
MDPC1S	Property & Finance Co - 1 party eligible, with agreed proposal	£324.5	£626.5	Matter Type code: MDPC Outcome code: S Number of Parties: 1

MDCS2B	Child Only Sole -2 parties eligible, no agreement	£168	£462	Matter Type code: MDCS Outcome code: B or A Number of Parties: 2
MDCS1B	Child Only Sole - 1 party eligible, no agreement	£168/£315	£315	Matter Type code: MDCS Outcome code: B or A Number of Parties: 1
MDCC2B	Child Only Co - 2 parties eligible, no agreement	£230	£647	Matter Type code: MDCC Outcome code: B or A Number of Parties: 2
MDCC1B	Child Only Co - 1 party eligible, no agreement	£230	£438.5	Matter Type code: MDCC Outcome code: B or A Number of Parties: 1
MDCS2S	Child Only Sole - 2 parties eligible, with agreed proposal	£294	£588	Matter Type code: MDCS Outcome code: S Number of Parties: 2
MDCS1S	Child Only Sole - 1 party eligible, with agreed proposal	£231	£378	Matter Type code: MDCS Outcome code: S Number of Parties: 1
MDCC2S	Child Only Co - 2 parties eligible, with agreed proposal	£356	£773	Matter Type code: MDCC Outcome code: S Number of Parties: 2
MDCC1S	Child Only Co - 1 party eligible, with agreed proposal	£293	£501.5	Matter Type code: MDCC Outcome code: S Number of Parties: 1

O1 When to claim

Mediation cases should always be recorded separately to the Assessment Meetings even if the mediation ends in the same month that the Assessment Meeting takes place. You may therefore have to make two separate entries in the same submission in one month in respect of the same matter.

Assessment Meeting Alone should only be used when one party attends and you are sure the other party will not attend. Do not use this code when both parties attend separately.

Assessment Meetings should be recorded as having been completed in the same month that they take place. Assessment Meetings where each client has been seen separately (Assessment Meeting - Separate) must be recorded on two separate lines.

Details of mediation cases should only be recorded in a submission in the month in which the case is completed i.e. when the outcome of the case is clear. This would include, but is not limited to, the following circumstances:

- The mediation has broken down after a single session;
- The mediation has broken down after several sessions (“multi sessions”);
- The parties have reached an understanding but do not want this produced as a formal agreement;
- A formal agreement has been produced on all the issues in dispute;
- A formal agreement has been produced on some of the issues in dispute.

Mediations that have broken down should only be reported when either of the two following conditions are met:

- If you are sure (e.g. clients indicate that they do not wish to continue) that the parties will not continue with the mediation;
- If you are reasonably sure (e.g. consider it likely) that the parties will not continue with the mediation and three months have elapsed since the Single Session, or the last session.

For mediation claims and Assessment Meeting Together claims details for the first and second client must be entered. For all other claims entry of the second client’s details is optional. Where the second client’s details are entered, all fields for that client are mandatory.

O2 Work Type

Field To be completed	For Assessment Meeting or Mediation?	Guidance
Work Type	Both	Work type refers to the various types of Assessment Meetings and mediations. It should be recorded in one of the following categories using short codes: Assessment Meeting ASSM:ASST–Together Assessment Meeting ASSM:ASSA–Alone Assessment Meeting ASSM:ASSS – Separate Child Only Sole MEDI:MDCS Child Only Co MEDI:MDCC Property & Finance Sole MEDI:MDPS Property & Finance Co MEDI:MDPC All Issues Sole MEDI:MDAS All Issues Co MEDI:MDAC Note: If co-mediation was the model used there should be a note on the case file indicating why this was the appropriate model to use. Assessment Meetings

		should always be recorded separately to the Mediation cases even if the mediation ends in the same month that the Assessment Meeting takes place. The 'Assessment Meetings – Separate' work type must be recorded on separate lines – one for each client. If an All Issues Mediation is started but agreement is only reached on e.g. Children issues, the Matter Type should still be recorded as an All Issues Mediation. If a mediation is started as a Child Only Sole mediation and subsequently Property & Finance sole issues are also dealt with in mediation (or vice versa), the matter should be reported as an All Issues Sole Mediation when completed
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O3 Outcomes

S	If at the conclusion of the mediation, an agreement is reached on most of the issues in dispute and a detailed document is drafted clearly setting out the agreed proposal reached then an 'S' outcome should be claimed
A	If clients reach agreements through mediation, but do not need or have a written summary produced for them then an A outcome can be claimed. This recognizes the value of mediation in helping the clients to reach agreement, but attracts no payment as no agreement/MoU is drafted If broad agreement is reached through the mediation process on the issues and the clients can resolve the outstanding issues themselves and don't require a formal agreement to be drafted then again A, should be claimed.
C	Only applicable for AIM cases. If an agreement isn't reached on most of issues in an All Issues Mediation (so not an 'S' outcome), but agreed proposals are reached on most children issues then C can be claimed
P	Only applicable for AIM cases. If an agreement isn't reached on most of issues in an All Issues Mediation (so not an 'S' outcome), but agreed proposals are reached on most of property and finance issues then P can be claimed.
B	Where no agreed proposals are achieved and the mediation has broken down a 'B' outcome should be claimed. It is recognised that even where a full or partial agreement isn't reached mediation can still play an important and valuable role in narrowing the issues in dispute

O4 – Fields to be completed

Field	To be completed for Assessment Meeting or Mediation?	Guidance
VAT Indicator	Both	Where the VAT indicator is checked VAT will automatically be added to the applicable Assessment Meeting fee, Mediation Session fee and any applicable Agreed Proposal fee. It will not apply VAT to any disbursement costs as these will be recorded separately.
Disbursements excluding VAT	Both	Record the total amount of disbursements incurred on this matter excluding VAT. The contract specification sets out what you can claim as disbursements. If no disbursements were incurred, record 00:00.
Disbursements VAT Amount	Both	If your organisation is registered for VAT and the disbursements attracts VAT, the VAT figure should be entered here. When claiming VAT on Disbursements CWA will limit the amount you can claim. The VAT rate to be applied is the rate that was applicable on the date the case was concluded. If you claim Disbursements VAT in excess of this limit your claim will be rejected by CWA. Please note the VAT rate applicable for disbursements is determined by the date the disbursement is incurred and not the date of conclusion of the overall matter. For further information on the rules around VAT reporting see the LAA website.

Case Start Date	Both	If the matter is an Assessment Meeting, report the date when the meeting was held. If the matter is mediation, use the date of the first mediation session. The date must be recorded in the format: DD/MM/YYYY e.g. 5th Oct 2024 should be recorded 05/10/2024.
Claim ID	Both	A unique 3-digit number per office per day. When combined with Case Start Date will comprise the Unique File Number (UFN) which uniquely identifies an individual claim/outcome for a provider office.
Client Forename	Both	Forename of Client 1 in the mediation.
Client Surname	Both	Surname of Client 1 in the mediation.

Client Date of Birth	Both	Date of birth of Client 1 in the mediation.
Unique Client Number	Both	Made up of Client 1's date of birth, their first initial, and the first four letters of their surname. The UCN must be recorded in the format (ddmmyyyy/A/AAAA) e.g. 01011978/J/SMIT For client gender, ethnicity and disability see codes set out in Section A of this guidance.
Client Postcode	Both	Complete this field for Client 1. It is important that the client's full, accurate postcode is entered here. This will normally be one or two letters, then one or two numbers, followed by a space and then one number and two letters; for example, B25 8RK, AB32 7PY. If the client does not know their postcode, Royal Mail operates a telephone postcode enquiry service on 08457 111 222. Please do not enter fictitious codes. If you or the client <i>genuinely</i> cannot provide an accurate postcode (perhaps because new properties have not yet had their codes notified), please record 'NFA'.
Client Legally Aided	Both	Complete 'client legally aided' for Client 1. For the purposes of this guidance 'legally aided' and 'eligible' mean any party for whom you have completed an assessment of financial eligibility for legal aid and who can be demonstrated as meeting the eligibility requirements. For the avoidance of doubt, those parties exempt from the financial eligibility test by virtue of Regulation 5 of the Civil Legal Aid (Financial Resources and Payment for Services) Regulations 2013 (as amended) must <u>not</u> be recorded as legally aided. Complete the legally aided field with the following numerical codes (see table) in relation to client's eligibility: For Assessment Meetings a party is either eligible at the time of the assessment or they are not. If a client becomes eligible after the assessment meeting then they should be recorded as ineligible for the purposes of the submission of the Assessment Meeting.

2nd Client Forename	Both	Forename of Client 2 in the mediation.
2nd Client Surname	Both	Surname of Client 2 in the mediation.
2nd Client Date of Birth	Both	Date of birth of Client 2 in the mediation.
2nd Client Unique Client Number	Both	Made up of Client 2's date of birth, their first initial, and the first four letters of their surname. The UCN must be recorded in the format (ddmmyyyy/A/AAAA) e.g. 02021980/M/SMIT
2nd Client Gender, Ethnicity and Disability	Both	Complete the gender and ethnicity field for Client 2 as per codes in Section A
2nd Client Postcode	Both	Complete this field for Client 2. Guidance on postcodes is set out above.
2nd Client Legally Aided	Both	Complete '2 nd client legally aided' for Client 2. Guidance on legally aided as per Client 1 (see above).
Unique Case ID	Both	This is the UFN (i.e. case start date and Case id) of the first attendance in the mediation (See UFN, above). Where there is more than one claim line for a particular case (e.g. where separate assessment meetings or where a claim for mediation follows a claim for an assessment meeting) this will enable the LAA to link together the total claims relating to a case.

Outreach Code	Both	When the meeting(s) with clients are conducted at a location at which your service has authorisation to do outreach work you must fill in a number, which refers to the location that the meeting took place. If the meeting(s) are taking place at your main office you should fill in 000 (zero). The number must be three digit starting with 001 and running upwards (i.e. 002, 003... etc.). For example, your main office is in Norwich and you have one outreach post in Attleborough and one in Cromer. Then main office is number 000, Attleborough number 001 and Cromer 002. An overview indicating which number refers to which location must be kept easily available. For a definition of Outreach, please see the Contract Specification.
Number of Mediation Sessions	Mediation	This field is not applicable to Assessment Meetings. Record the number of sessions spent on mediation. Do not count Assessment Meeting(s) and/or the drafting of the Agreed Proposal as sessions.
Mediation Time	Mediation	This field is not applicable to Assessment Meetings. Record the total time in minutes spent on the case. Include the following elements: - time taken in the sessions, preparing and reviewing sessions (this will be the actual time taken rather than the combined time of the mediators when the co-mediation model is used) - time spent on drafting documents including the session notes and agreed proposals where applicable. - time spent on correspondence by mediator (telephone/email/letter) which progresses the case Do not include the time spent on - the Assessment Meeting/s - general administration e.g. setting up the appointments, other telephone contact, arranging meeting room etc. - travel time We do acknowledge that time is spent on administration and there are elements allocated in the set rates in the contract. However, the purpose of the time recording is for us to get an understanding of time used by mediators. If your organisation currently records time in units rather than minutes, please convert units to minutes i.e. where 1 unit = 6 minutes, the number of units multiplied by 6.

Referral Code	Both	Use the following two digit codes when recording the source of referral:																				
		<table><tr><th>Referral Source</th><th>Code</th></tr><tr><td>Referral from solicitor</td><td>02</td></tr><tr><td>Referral from CAB</td><td>04</td></tr><tr><td>Referral from other advice agency or telephone helpline</td><td>05</td></tr><tr><td>Referral from Relate or other relationship counselling</td><td>06</td></tr><tr><td>Referral from GP/NHS</td><td>07</td></tr><tr><td>Clients self-referred</td><td>08</td></tr><tr><td>Other</td><td>09</td></tr><tr><td>Unknown</td><td>10</td></tr><tr><td>Separated Parents Information Programme (SPIP)</td><td>11</td></tr></table>	Referral Source	Code	Referral from solicitor	02	Referral from CAB	04	Referral from other advice agency or telephone helpline	05	Referral from Relate or other relationship counselling	06	Referral from GP/NHS	07	Clients self-referred	08	Other	09	Unknown	10	Separated Parents Information Programme (SPIP)	11
		Referral Source	Code																			
		Referral from solicitor	02																			
		Referral from CAB	04																			
		Referral from other advice agency or telephone helpline	05																			
		Referral from Relate or other relationship counselling	06																			
		Referral from GP/NHS	07																			
		Clients self-referred	08																			
		Other	09																			
		Unknown	10																			
		Separated Parents Information Programme (SPIP)	11																			
Source of referral must be completed for both assessment meetings and mediations.																						

