Protect – Personal Information **AF2**

**Advocate Graduated Fee**

**Redetermination Form**

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| --- | --- | --- | --- |
| **East Midlands (Nottingham),**  **Fothergill House,**  **2nd Floor,**  **16 King Street,**  **Nottingham,**  **Nottinghamshire,**  **DX: 10035 NOTTINGHAM-1** |  | Instructed Advocate : |  |
| Advocate Provider No: |  |
| Chambers/Firm Phone: | **020 7405 3232** |
| Chambers/Firm Fax: | **020 7405 3322** |
| Chambers/Firm Email: | **Fees@FurnivalLaw.co.uk** |

**Section 1: Case Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Scheme: | **Scheme 9** | | | |
| Court Name: | **WOOD GREEN CROWN COURT** | | | |
| Court Code | **0469** | | | |
| Principal Case Number | **T20140607** | | | |
| **Principal Defendant** | | | | |
| First Name | | | Date of Birth | **20/11/1980** |
| Last Name | | | MAAT Ref. No. | **4507070** |
| Representation Order Date (dd/mm/yyyy) | | **23/06/2014** | | |

**Section 2: Item(s) in Dispute**

|  |  |
| --- | --- |
| Instructed Advocate Category | **5 - Junior Alone** |
| Offence Classification | **B** |
| Type of Case | **Cracked Trial** |
| PPE | **418** |
| Number of Witnesses |  |
| Number of Defendants |  |
| Number of Cases |  |
| Retrial |  |
| Percentage Reduction |  |
| Miscellaneous Fees |  |
| Travel & Hotel Expenses |  |
| Special Prep |  |
| Wasted Prep |  |
| Other |  |

**Section 3: Additional Information**

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| A fixed fee was paid for this case as “for full payment to be made” “a LAC1/Memorandum of Conviction” is required. Only £232.80 was paid despite the LAC1 being attached to the claim. |

**Section 4: Certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I certify that, in accordance with the provisions of any secondary legislation arising from the Legal Aid, Sentencing and Punishment of Offenders Act 2012, I am authorised to request a redetermination in this case as the Instructed Advocate. I am not a substitute advocate.  I certify that the information I have provided is correct and the work carried out by me has not been and will not be subject to any other claim by me for payment from criminal legal aid. I understand that if information by me is incorrect or misleading, payment may be recouped. | | | | | |
| Instructed Advocate's Signature: | |  | Date: | **06/01/2014** |  |
| Instructed Advocate's Name: |  | |  |  |  |
|  |  | |  |  |  |

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| **Section 5: Review Outcome**   |  | | --- | | **DX: 72 LDE**  Furnival Chambers  30-32 Furnival Street  London  EC4A 1JQ | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  |  |  |  |  |  |  | |  |  |  | |
|  | **Paid in full** |  | |  |  | **Paid in part** |  |  |  | **Refused** | |  |  |  | |
|  |  |  | |  |  |  |  |  |  |  | |  |  |  | |
|  |  |  | |  |  |  |  |  |  |  | |  |  |  | |
|  | Additional Advocate Fee Allowed ( inc VAT) | | | | | | | | **£** | | **:** | | | | |
|  | Total Advocate Fee Paid (inc VAT) | | | | | | | | **£** | | **:** | | | | |
|  | Additional Travel & Hotel expenses paid (inc VAT) | | | | | | | | **£** | | **:** | | | | |
|  | Additional Travel & Hotel expenses paid (inc VAT) | | | | | | | | **£** | | **:** | | | | |
|  | Decision Reasons: | | | | | | | |  |  | | | | | |
|  |  | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | |
|  | Caseworker initials | |  | | | | | | Date processed | |  | | | |  |
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