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**

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| --- | --- | --- | --- | --- |
| 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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| Dear Sirs,  I am writing in order to request that the claim regarding this case be investigated.  The original claim was sent off on 12/12/2014 for the case of Samir Dehbi. I am writing to request that an uplift be applied as counsel acted on behalf of both defendants at the hearings that took place on 18/07, 25/09 and 17/10/2014.  This is further to another AF2 sent for this case regarding another issue.  I would be grateful if you could check the court logs for these 3 dates and remunerate counsel for representing the co-defendant.  Kind Regards  Daniel Hashemi  Clerk to Ross Cohen |

**2015**

**Section 4: Certification**

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| 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: | **03/02/2015** |  |
| 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** | |  |  |  | |
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|  | 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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