



Legal Aid
Agency

Non-Standard Fee Contract Work Assessment Form

This form must be submitted to your processing office

Please complete in block capitals

☐ Please tick if you are appealing
provisional assessment

Summary of Claim

Surname and Initial:

UFN:

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Provider number:

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Stage Reached:

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Outcome Code:

--	--	--	--	--

Matter Type:

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Equal Opportunities Monitoring:

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Profit Costs: £ _____

Disbursements: £ _____

Travel: £ _____

Waiting: £ _____

Date class of work closed: ____ / ____ / ____

Number of defendants represented: _____

Number of court attendances: _____

Court Identifier: _____

Youth Court: ☐ Yes ☐ No

For office use only

Profit Costs Allowed: £ _____

Disbursements Allowed: £ _____

Travel Allowed: £ _____

Waiting Allowed: £ _____

Counsel's Account Number:

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Counsel's Fees Claimed (Net): £ _____

Counsel's VAT Claimed: £ _____

Counsel's Fees Allowed (Net): £ _____

Counsel's VAT Allowed : £ _____

Solicitor's details

Name of Solicitor or Fellow of the Institute of Legal Executives instructed: _____

Address: _____

Postcode: _____

DX: _____ Solicitor's reference: _____

Telephone number: _____ Email address: _____

Case details

Main Offence: _____ Date offence committed: ____/____/____

Was counsel instructed? Assigned ☐ Yes ☐ No
Unassigned (maximum fee principle applies) ☐ Yes ☐ No

Does this claim cover more than one defendant? ☐ Yes ☐ No

4 If yes and your costs are not split equally, give the percentage proportion against each named defendant.

Was the defendant or any co-defendant charged with any indictable only offence?

☐ Yes ☐ No

If so, please give the date the charge was laid
and enclose the indictment with this claim: ____/____/____

Were any wasted costs orders made in this case? ☐ Yes ☐ No

4 If yes, please give details on page 6.

Case Disposal

Category 1 ☐ Guilty plea ☐ Uncontested breach ☐ Discontinuance/
withdrawal
☐ Bind over ☐ Deferred sentence ☐ Change of solicitor
hearing
☐ Warrant of arrest - date of issue ____/____/____

Category 2 ☐ Not guilty plea ☐ Cracked trial - date guilty plea indicated
to solicitor ____/____/____
☐ Contested breach ☐ Discontinuance/withdrawal/bind over/no
evidence offered after case fully prepared
☐ Mixed pleas

Category 3 ☐ Transfer: s.4 CJA 1987 ☐ Transfer: s.53 CJA 1991
☐ s.6(2) Committal (including discontinuance/withdrawal)
☐ s.6(1) Committal discontinued or withdrawn before the date of
s.6(1) hearing fixed (pre s.47 CPIA 1996)
☐ s.6(1) Committal - Criminal Procedure and Investigations Act 1996
(including discontinuance/withdrawal)
☐ Other 4 give details

N.B. If a case is "sent" to the Crown Court for trial, the Magistrates' Court claim must be submitted as part of any subsequent Crown Court claim.

Reason(s) for Non-Standard Fee Claim

4 Tell us why you are claiming a non-standard fee by ticking the box(es) that apply in this case

- ☐ Core costs exceed higher limit
- ☐ Enhanced rates claimed
- ☐ Counsel assigned
- ☐ Representation Order withdrawn on ____ / ____ / ____
- ☐ Extradition
- ☐ s.6(1) Committal (pre CPIA 1996)
- ☐ Other 4 give details

Claim details

1. Where applicable, give the approximate number of pages for:

prosecution evidence _____ defence statements _____

4 i.e. total number of pages of defence evidence including any statements by the defendant and defence witnesses

2. Number of defence witnesses _____

3. Does this bill represent a supplemental claim?

☐ Yes

☐ No

4 If yes, attach a copy of the previous claims

4. Was any preparation time spent watching/listening to taped evidence?

☐ Yes

☐ No

4 If yes, tell us the total running time of the tape(s) (hrs:min).

5. Has the case been remitted back to the Magistrates by the Crown Court?

☐ Yes

☐ No

If yes, please provide a copy of any related Crown Court claim and any notice of provisional assessment

Pre Order work

Are you claiming for any work which precedes the date of grant shown on the order?

☐ Yes

☐ No

If yes, please give the date on which the application was received by the court:

____ / ____ / ____

4 Complete in chronological order.

Please complete rows **1,2 & 6**. Rows 3,4 & 5 may be used for internal purposes when applying / calculating enhanced rates. If you are claiming an enhancement only on specific items of work, please highlight the appropriate lines on the schedule above.

Claim for costs

	Number	Costs £:p	
Letters written			
If enhanced rates claimed % uplift			
Total letters and costs			D
Telephone calls			
If enhanced rates claimed % uplift			
Total calls and costs			E
Solicitor's core costs (A+B+C+D+E)			

Disbursements	£ : p	Details (if car state mileage)
Travel (solicitor)		
VAT on travel		
Disbursements subject to VAT		
VAT		
Disbursements not subject to VAT		
TOTAL DISBURSEMENTS		

Is it a designated area?

☐

Yes

☐

No

The location of your office/the magistrates' court at which the work is carried out determines whether you claim the 'Designated Area Standard Fees' or the 'Undesignated Area Standard Fees' (as set out in the Payment Annex to the 2010 Standard Crime Contract specification). The designated areas are listed in the definitions set out at paragraph 1.13 in part A of the 2010 Standard Crime Contract specification.

Relevant case information

Information given here may expedite payment. Please give details of any relevant factors in support of time spent on the case and details in support of a claim for enhanced rates. In addition, where relevant, please record when and why a number of linked cases are billed as one fee, or a number of linked cases are billed as separate fees.

If this claim is being submitted more than 3 months after the conclusion of the proceedings please provide details of the circumstances.

Solicitor's certification

I certify, on behalf of the payee, that the information provided is correct. This work has not been and will not be the subject of any other claim for remuneration from criminal legal aid.

Signed: _____ Date: ____ / ____ / ____
(A Solicitor or a Fellow of the Institute of Legal Executives)

Name: _____

Notice of application for review of assessment of costs

4 Please complete in block capitals

Provider Number:

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I wish to apply for a review against the assessment of my costs

Signed: _____ Date: ____/____/____

Name: _____

Reasons for review

Please give details below of your objections to the assessment of your costs.

Please return your file of papers with this review notice, so that the Independent Costs Assessor can consider it at the review hearing, should it be necessary.

4 continue on a separate sheet if necessary