



Legal Aid
Agency

Escape Case Claim Form- Crime Prison Law

☐ Please tick if you are appealing provisional assessment

This form must be submitted to your processing office

Have you attached?

CRM1,2,3,4,5 & 11 (if applicable)? ☐

Full File of Papers? ☐

Disbursement Vouchers? ☐

Summary of Claim

Client surname and initial: _____

Prisoner number: _____

UFN: /

Provider number:

Prison identifier:

Claim code:

Outcome code:

Profit Costs net: £ : _____

Travel net: £ : _____

Waiting net: £ : _____

Total net: £ : _____

Disbursements net: £ : _____

Date level of work closed: ____/____/____

Type of Claim:

Advice and Assistance: ☐

Advocacy assistance: ☐
(Discipline)

Advocacy assistance: ☐
(Parole Board)

Authorisation code (Treatment cases only)

Matter type:

:

VAT indicator: ☐

Disbursements VAT: £ : _____

You must claim this case online prior to assessment.

Month claimed: ____/____

Provider Details

Provider Name: _____

Contact Name: _____

Address/DX: _____

Account number: _____

Tel Number: _____

Email address: _____

Schedule of time spent

Please complete in chronological order, using a separate line for each type of work (e.g. travel, waiting, attendance).

[illegible]

Schedule of time spent continued

[illegible]

Relevant Case Information

Information here may expedite payment. Please give details of any relevant factors that resulted in the case exceeding the Exceptional Case threshold.

Disbursement - Cost and Justification

Description of disbursements - please list and give reasons for each.	£	:	p	Subject to VAT? Y/N
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	Sub total	:		
	VAT	:		
Please continue on a separate sheet if necessary.	Total	:		

Provider Certification

I certify that the information provided is correct.

Signed:

Name: _____ Date: ____/____/____