



Legal Aid
Agency

Escape Fee Case Claim Form- Crime

☐ Please tick if you are appealing
provisional assessment

This form must be submitted to your processing office

Have you attached?

CRM1,2, 5 & 11 (if applicable)?

☐

Full File of Papers?

☐

Disbursement Vouchers?

☐

Summary of Claim

Client surname and initial: _____

UFN: /

DSCC ref: _____

Police station identifier: /
(if applicable)

Case ref: _____

Claim code: /

Matter type :

Outcome code:

Profit Costs net: £ : _____

VAT indicator: ☐

Travel net: £ : _____

Disbursements VAT: £ : _____

Waiting net: £ : _____

Total net: £ : _____

Disbursements net: £ : _____

You must claim this case online prior to
assessment.

Date level of work closed: ____ / ____ / ____

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).

For Duty Solicitor work undertaken, please use only one hourly rate on each line. Work involving 2 hourly rates should be entered on separate lines.

[illegible]

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

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

I certify that the information provided is correct.

Signed:

Name: _____ Date: ____/____/____