

Bill ID _____ Solicitor's a/c number _____

Solicitor's firm _____

Firm's address _____

Contact telephone number _____ Contact name _____

Defendant's first name _____ Defendant's surname _____

Defendant's Date of Birth ____/____/____ Name of Crown Court _____

Court code _____ Case Number(s) _____

Date of Representation Order ____/____/____ MAAT ID number _____

Please indicate item	Please indicate the details you wish to claim
<input type="checkbox"/> PPE	
<input type="checkbox"/> Trial type	
<input type="checkbox"/> Length of Trial	
<input type="checkbox"/> Number of Defendants	
<input type="checkbox"/> Offence Classification	
<input type="checkbox"/> Disbursements	
<input type="checkbox"/> Evidence Provision Fee	
<input type="checkbox"/> Other. Please state:	

Please provide any additional information in support of your request for re-determination

Please list all additional documents submitted in support of your request

I wish to apply for a redetermination of the fee paid by the Litigator Fee Team

Signed _____ Date ____/____/____

Name _____

Section four - Review Outcome

Paid in full☐

Paid in part☐

Refused☐

Additional Litigator Fee Allowed (inc VAT)	£	:
Total Litigator Fee Paid (inc VAT)	£	:
Additional Disbursements paid (inc VAT)	£	:
Total Disbursements paid (inc VAT)	£	:

Decision Reasons:

Caseworker initials Date processed
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