



Legal Aid
Agency

Assigned Counsel's fee note in criminal cases

Please complete in block capitals

Client's details

UFN:

Surname:

Date counsel assigned: / /

Counsel's details

Counsel's account number:

Address:

Town:

County: Postcode:

DX:

Phone:

Full name of counsel:

Counsel's reference:

Contact name for enquiries:

Solicitor's details

Provider number:

Firm name:

Address:

Town:

County: Postcode:

Telephone number: Email:

Solicitor's reference:

Relevant case information

Give details of any relevant factors in support of your claim, e.g. the purpose of any oral or written opinion, any factors contributing to the complexity of the case and reasons for any travelling or waiting time.

Schedule of time spent

Complete in chronological order

At court

Date dd mm yy	Travel hrs:mins	Waiting hrs:mins	Attendances hrs:mins	Preparation hrs:mins	Advocacy hrs:mins	Brief or refresher £:p	Hearing code(s)
Total							

In conference

Date dd mm yy	Where held	Travel hrs:mins	Waiting hrs:mins	Attendances hrs:mins	Preparation hrs:mins	Fee £:p	Did solicitor attend?
Total							

Written advice or drafting

Date dd mm yy	Item	Time hrs:mins	Fee £:p
Total			

Expenses

Date dd mm yy	Travel expenses details	Amount £:p
Total		

Total fees claimed

	£:p
Total fees	
Total VAT	
Total claim	

For office use only

	£:p
Total fees allowed	
Total VAT	
Counsel's fees allowed	

Notice of application for review of assessment of costs

4 Please complete in block capitals

Counsel account 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 they so wish.

4 continue on a separate page if necessary.