



Legal Aid
Agency

Advocate Graduated Fee Redetermination Form

Chambers/Firm Address:

Instructed Advocate Name:

Advocate Provider No.:

Chambers/Firm Phone No:

Chambers/Firm Fax No.:

Section 1: Case Details

Scheme:			
Court Name:			
Court Code:			
Principal Case Number:			
Principal Defendant			
First Name		Date of Birth	
Last Name		MAAT Ref. No.	
Representation Order Date (dd/mm/yyyy)			

Section 2: Item(s) in Dispute

Instructed Advocate Category	
Offence Classification	
Type of Case	
PPE	
Number of Witnesses	
Number of Defendants	
Number of Cases	
Retrial	
Percentage Reduction	
Miscellaneous Fees	
Travel & Hotel Expenses	
Special Prep	
Wasted Prep	
Other	

Section 3: Additional Information

Section 4: Certification

I certify that, in accordance with the provisions of any secondary legislation arising from the Legal Aid, Sentencing and Punishment of Offenders Act 2012, I am authorised to request a redetermination in this case as the Instructed Advocate. I am not a substitute advocate.

I certify that the information I have provided is correct and the work carried out by me has not been and will not be subject to any other claim by me for payment from criminal legal aid. I understand that if information by me is incorrect or misleading, payment may be recouped.

Instructed Advocate's Signature: _____

Instructed Advocate's Name: _____ Date: _____

Section 5 - Review Outcome

Paid in full

☐

Paid in part

☐

Refused

☐

Additional Advocate Fee Allowed (inc VAT) £ :

Total Advocate Fee Paid (inc VAT) £ :

Additional Travel & Hotel expenses paid (inc VAT) £ :

Total Travel & Hotel expenses paid (inc VAT) £ :

Decision Reasons:

Caseworker initials Date processed