



PROTECT- PERSONAL INFORMATION

Application for extension of Upper Costs Limit

CW3A

This form should be used when seeking an extension for hourly rates matters opened under para 8.83 (a) of the 2010 Standard Civil Contract or under 11.2 (a) and (c) of the Unified Contract This form must be submitted to the London Regional Office in advance of the requested work being commenced.

Provider Details

Name of Provider: _____ Account Number: _____
 Provider address: _____
 DX: _____ Telephone: _____ Email: _____

Client's Details

Client's Forename: _____ Surname: _____
 UCN: _____
 Client's DoB: ___/___/___ LH Start Date: ___/___/___ CLR Start Date: ___/___/___
 Client's Full Post Code: _____ Nationality: _____

Please complete below and endorse which of the following your application relates to:

Application	Solicitors		NfP Providers	
	Costs Incurred	New Limit Requested	Hours or Costs Incurred	New Limit Required
1. Legal Help	£	£	Hrs	Hrs
2. Legal Help Disbursement	£	£		
3. First Tier Tribunal - CLR	£	£	Hrs	Hrs
4. Legal Help <input type="checkbox"/> CLR <input type="checkbox"/> NFP Disbursement Limit			£	£

1. Summary of case:

Briefly provide a summary of the case and highlight the main issues. Provide an estimate of the prospects of success (moderate or better, unclear or borderline, or poor) and explain how the case meets the sufficient benefit or CLR merits test.

Continue on a further sheet if necessary

2. Give details of the work you have carried out to date, including all Counsel costs to date:

Provide in chronological order the main steps of the case completed together with the time and costs spent in undertaking each step

Continue on a further sheet if necessary

3. Disbursements incurred to date:

Provide details of all disbursements (use Section 2 for Counsel fees)

(Please list by type of disbursement, i.e. interpreter, medical/expert report, travel)

Continue on a further sheet if necessary

4. Give details of your work for which further funding is required, any further Counsel costs and future disbursements required:

Continue on a further sheet if necessary

5. Requested Disbursements.

Give details of your work for which further funding is required:

Please note Legal Help & CLR profit costs limits and the **disbursement limits are exclusive of VAT.**

Please complete the following sections where applicable:

Expert Reports

Type of Report: _____ Name of expert: _____
(e.g. medical, country, psychological etc)

Hourly rate(s) to be charged: _____ Number of hours to be incurred by expert: _____

Total cost: £ _____ :

Interpreters and Translations. Please complete this section in full:

Language: _____ Region: _____

Number of interpreter attendances:

Hourly rate for Attendance: £ _____ : Total for Attendance: £ _____ :

Hourly rate for Travel: £ _____ : Total for Travel: £ _____ :

Hourly rate for Waiting: £ _____ : Total for Waiting: £ _____ :

Travel costs: £ _____ :

Total requested: £ _____ :

Translation:

Rate per 1000 words: £ _____ :

Rate per A4 page: £ _____ : **Total requested:** £ _____ :

Declaration:

I confirm that the details on this form are true to the best of my information and belief and that the work on this matter has been carried out in accordance with the contract specification and guidance.

Signed: _____ Print name: _____ Date: ____/____/____
(Accredited Adviser)

For Office Use Only

PA Ref: _____

Amount requested: £ _____

Amount allowed: £ _____

Decision made by: _____ Date: _____