



PROTECT- PERSONAL INFORMATION
**Graduated Fee Scheme - Application for
 extension of Disbursement Limit**

CW3C

This form must be submitted to the London Regional Office in advance of the requested work being commenced. This form should be used in Standard Fee cases opened under either the 2010 Standard Civil Contract or the Unified Contract to request an extension of the Legal Help or CLR Disbursement limits. Please refer to para 8.77 of the 2010 Standard Civil Contract and 11.67 of the Unified Contract Civil Specification.

Provider Details

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

Client's Details

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

Please confirm the nature of the extension request:

Matter Type: Asylum Non - Asylum **Stage:** Legal Help CLR

Summary of Case:

Please provide a brief description of the case, clearly detailing the key factual and legal issues material to the client's application/appeal.

Please detail all of the disbursements incurred to date (please indicate whether they have been incurred under Legal Help or CLR).

Total incurred to date: £ _____

Requested Disbursements.

Please complete the following sections where applicable:

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

Please give details of work for which further funding is required:

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:

Name of Interpreter: _____ Language: _____
Region: _____
Hourly rate for Attendance: £ _____ : Total for Attendance: £ _____ :
Hourly rate for Travel: £ _____ : Total for Travel: £ _____ :
Hourly rate for Waiting: £ _____ : Total for Waiting: £ _____ :
Translation: **Total requested:** £ _____ :
Rate per 1000 words: £ _____ :
Rate per A4 page: £ _____ : **Total requested:** £ _____ :

Provider 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)

Please confirm the requested Disbursement Limit(s)

PA Ref: _____

Limit Requested £ _____ Limit Allowed (for LSC use only) £ _____

LSC Decision Maker: _____ Date: ____/____/____