



Controlled Legal Representation (Imm)

Please complete in Block Capitals

Equal Opportunities Monitoring

Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Please tick the boxes which your client would describe themselves as being:

Ethnic Monitoring

White

- (a) British
 (b) Irish
 (c) White Other

Black or Black British

- (a) Black Caribbean
 (b) Black African
 (c) Black Other

Mixed

- (a) White and Black Caribbean
 (b) White and Black African
 (c) White and Asian
 (d) Mixed Other

Chinese

Asian or Asian British

- (a) Indian
 (b) Pakistani
 (c) Bangladeshi
 (d) Asian Other

Other

Disability Monitoring

The Disability Discrimination Act defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities. If a client considers himself or herself to have a disability please select the most appropriate definition. If the client has multiple disabilities please select the definition that reflects the predominant disability.

Definitions:

- | | | | |
|--------------------------------|--------------------------|-------------------------------------------|--------------------------|
| Not Considered Disabled | <input type="checkbox"/> | Cognitive Impairment | <input type="checkbox"/> |
| Physical Impairment | <input type="checkbox"/> | Long-Standing Illness Or Health Condition | <input type="checkbox"/> |
| Sensory Impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Mental Health Condition | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |
| Learning Disability/Difficulty | <input type="checkbox"/> | | |

Your client's details

Title: _____ Initials: _____

Surname: _____

First name: _____

Surname at birth: _____
(if different)

Date of birth: ____ / ____ / ____ National Insurance no: | | | | | | | | | |

Sex: Male Female

Marital status: Single Married/Cohabiting Married but separated

Divorced Civil Partner Widowed

Place of birth: _____ Job: _____
(town)

Current address: _____

Town: _____

County: _____ Postcode: _____

Supplier's Details

⁴ Only complete when submitting a copy of this page with an application to the LSC.

Please complete in Block Capitals

Name of supplier: _____

Address of supplier: _____

Town: _____

County: _____ Postcode: _____

DX (with exchange): _____

Telephone number: _____

Contract number: _____

Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income based Jobseekers Allowance or Guarantee State Pension Credit.

Yes

No

The client is directly or indirectly in receipt of NASS payment (**Immigration and Asylum category work only**)*

Yes

No

If the client receives Income Support, Income based Jobseekers Allowance, Guarantee State Pension Credit or NASS payments (*see above) go directly to Evidence Section on page 3. For all other clients parts A and B must be completed.

Does the client have a partner whose means are to be aggregated?

Yes Please complete PARTS A and B providing details of both client's and partner's means.

No Please complete PARTS A and B providing details of client's means only.

Part A Capital

Capital includes:

Equity in home above £100,000 (after allowing up to £100,000 for mortgage(s) outstanding)

Savings (bank, building society, etc)

Investments (including shares and insurance policies)

Valuable items (eg boat, caravan, jewellery, etc)

Other capital (including money due to the client)

Capital excludes:

Subject matter of dispute

Household furniture and effects (unless exceptional value)

Clothes, Tools of trade

TOTAL CAPITAL

TOTAL CAPITAL (Client and Partner)

Client	Partner
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

£ _____

Part B Income

Use monthly figures
(if paid weekly, multiply by 52 & divide by 12)

(if paid four weekly, multiply by 13 & divide by 12)

Income includes:

Gross monthly earnings

Other income

(including child benefit, pensions, maintenance, dividends, tax credits, benefits in kind, etc)

TOTAL GROSS INCOME

TOTAL GROSS INCOME (Client and Partner)

£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

£ _____

	<i>Client</i>	<i>Partner</i>
TOTAL GROSS INCOME (brought forward)	£ _____	£ _____
Less monthly allowances:		
u Housing costs, including:		
Mortgage instalment* (capped if client has no dependants)	£ _____	£ _____
Rent* (capped if client has no dependants)	£ _____	£ _____
* amounts should be net of housing benefit		
u Dependants' allowances:		
Partner	£ _____	
Dependants' Aged 15 and under	£ _____	
Aged 16 or over	£ _____	
u Tax and National Insurance	£ _____	£ _____
u Standard allowance for employment expenses	£ _____	£ _____
u Maintenance payments actually being made (eg for children and/or a former/separated spouse)	£ _____	£ _____
u Childcare costs because of work	£ _____	
TOTAL ALLOWANCES	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME (Client and Partner)		£ _____

Evidence

Evidence given in support of means Yes No

If no please record justification or exceptional circumstance.

Case details and merits criteria

For all suppliers to complete

There should be only one grant of CLR per matter. The merits test (but not the means test) should be reviewed at each stage of the appeal. You should use photocopies of this page as necessary and attach them to the form.

1. Has your client received Controlled Legal Representation from another contracted supplier? If so, please confirm the costs incurred by the previous supplier.

(An application for an extension of costs must be made on the relevant CW3 Imm form)

2. Give a brief description of the case and the issues involved.

3. What are the prospects of this appeal being successful? Give brief reasons with reference to your client's case.

4. Do the likely benefits to be gained from the proceedings justify the likely costs?

Case details and merits criteria

For applications to the LSC only

Please answer the following:

1. What is your client's nationality?

2. Please confirm the date of arrival in the UK

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3. Please confirm the date of the asylum claim or immigration application

--	--	--	--	--	--	--	--	--	--

4. Please confirm the date of the Human Rights claim (if different)

--	--	--	--	--	--	--	--	--	--

5. Has this case been certified as clearly unfounded at any time?

Yes

No

6. Has your client previously been refused CLR by another supplier?*

Yes

No

7. Has your client previously been refused CLR by the LSC?*

Yes

No

8. Does this application for CLR relate to a second or subsequent asylum claim or immigration application?*

Yes

No

If so, please fully explain how this application differs

9. Does this application for CLR relate to a second or subsequent Human Rights claim?*

Yes

No

If so, please fully explain how this application differs

10. For asylum claims, please confirm the following:

a) 1951 Convention Ground(s)

b) Why IFA is not available in the country of origin

c) Why protection is not available in the country of origin

d) Why the claim is well-founded with reference to objective evidence

11. For Human Right claims, please confirm the following:

a) 1950 Convention Article(s)

Case details and merits criteria continued

b) Why the decision is in breach of the Convention with reference to current case law

12. For non-asylum applications, please confirm the following:

a) Immigration Rule (HC 395 as amended)

b) Concessionary policy

13. For bail applications, please confirm the following:

a) Date of detention //

b) Reasons for detention

c) If this is a second or subsequent application for bail*, how this application differs

14. Please explain any other circumstances for the grant of CLR and why you believe this case satisfies the CLR merits test.

***All previous negative decisions (including judgments of any court) must be enclosed with this application**

Time Spent and Costs

Item	Time Spent
1. Attendance	_____
2. Preparation	_____
3. Advocacy	_____
4. Travel and Waiting	_____
Total:	_____

Item	Number
1. Letters written	_____
2. Phone calls	_____

Total Profit Costs £ _____ **Vat** £ _____

Disbursements	Amount	Vat
Mileage	£ _____ :	£ _____ :
Other disbursements	£ _____ :	£ _____ :
Total	£ _____ :	£ _____ :
Counsel's fees	£ _____ :	£ _____ :

Dated _____

Note: When calculating profit costs, the time spent on each activity and the letters and telephone calls must be separated out according to the remuneration rate which applied at the time the work was carried out. Part B to your Unified Contract Specification sets the rates for Contract Work and specifies when franchised or non franchised rates must be charged. See also Part E of Volume I of the LSC Manual.

Remember that you may not charge separately for letters in.

The totals for profit costs, disbursements and counsel's fees from this form and the Legal Help and Help at Court Form in connection with this matter should be the same (after adding VAT and after deduction of any payment on account) as those reported by you on the Consolidated Matter Report Form. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported on the CMRF.

