

**Exceptional Case
Claim Form- Crime**



Please tick if you are appealing
provisional assessment

This form must be submitted to your processing office

Have you attached?

CDS1,2, 5 & 11 (if applicable)?

Full File of Papers?

Disbursement Vouchers?

Summary of Claim

Client surname and initial: _____

UFN: /

DSCC ref: _____

Police station identifier: /
(if applicable)

Case ref: _____

Claim code: /

Matter type :

Outcome code:

Profit Costs net: £ :

VAT indicator:

Travel net: £ :

Disbursements VAT: £ :

Waiting net: £ :

Total net: £ :

You must claim this case on LSC Online
prior to assessment.

Disbursements net: £ :

Date level of work closed: ___/___/_____

Month claimed on LSC Online: ___/_____

Provider Details

Provider Name: _____

Contact Name: _____

Address/DX: _____

Account number: _____

Tel Number: _____

Email address: _____

