

Application for Prior Authority to Incur Disbursements in Criminal Cases

This form must be submitted to your processing office

Please complete in block capitals

Urgent? If so, please explain why on page 2

Please insert your firm's name and DX/Address in this box, for mailing purposes.
If address is not in this box, we cannot return this form.

Supplier number:

Phone: Contact name:

Client's details

UFN:

Date of order:

Surname: First name:

Is your client detained? Yes No

If yes, please advise where:

Solicitor's details

Name of Solicitor or Fellow of the Institute of Legal Executives instructed:

Solicitor's reference:

Email address:

Details of proceedings

Magistrates' Court Crown Court

Main offence: Date of offence:

Likely or actual plea: Guilty Not Guilty Mixed plea Not known

Date of next hearing: Youth Court Matter: Yes

Purpose of next hearing:

Prior authority details

u *Complete if prior authority requested.*

u *You will need to establish that the steps are necessary for the proper conduct of the proceedings and that the amount to be incurred is reasonable.*

Tell us what authority you are seeking and why it is required. If you wish to obtain a medical report, state whether as to fitness to plead and/or plea and/or disposal:

Give a brief summary of the prosecution case. You may attach the copy advance disclosure or extracts:

Give a summary of the defence or mitigation. Attach a copy of your client's statement and details of any previous convictions, if available:

Details of application to instruct QC without a junior

(But not as an appeal against a court's refusal to assign a QC in a case)

Please give details of and reasons for the application:

Expenditure details

u Complete if prior authority requested

Type of expenditure: _____
(e.g. medical report)

Name of expert: _____
Company name: _____

Type/status of expert: _____

Total authority: £ _____ Maximum Authority: £ _____
(before apportionment, if appropriate) (after apportionment, if appropriate)

Preparation: £ _____ Preparation-hourly rate: £ _____
Cost of travel time: £ _____ Travel - hourly rate: £ _____

How many alternative quotes have been obtained? _____

If No, please give reasons for not getting alternatives:

If Yes, what were the amounts quoted?

If there are any other defendants who would benefit from the expenditure and with whom there is no conflict of interest, please confirm this will be a joint instruction:

Yes No

If not, why not?

Name(s) of other defendant(s): _____

Enclosures

u Only copies should be sent.

- Representation Order and any subsequent amendments
 - Advance disclosure
 - Client's statement
 - Counsel's advice
 - Other *u Give details*
-

Solicitor's certification

I certify that the information provided is correct.

Signed: _____ Date: ____ / ____ / ____

(A Solicitor or a Fellow of the Institute of Legal Executives)

Name: _____

For office use only

Amount allowed: £ _____ :

Hourly rate: £ _____ :

Reasons:

Signed Authority: _____