



Application for discharge

CLSAPP11

For Official Use Only

Tag No: _____ / _____ / _____

Your client's details

Our reference number: _____

Title: _____ Initials: _____ Surname: _____

Surname at birth: _____ Date of birth: _____ / _____ / _____
(if different)

Address: _____

Correspondence _____ Postcode: _____
address: _____
(if different) _____

_____ Postcode: _____

Your details (instructed solicitor)

Account number: Roll number:

Name of organisation: _____

Phone: _____ Fax: _____

E Mail: _____

Name of solicitor or Fellow of the Institute of Legal Executives instructed: _____

4The solicitor or Fellow instructed must have a valid practising certificate. The LSC will not pay for any work done during the period in which the acting solicitor does not have a practising certificate.

Your case reference: _____

Contact name for enquiries: _____

Discharge reasons

Please discharge this certificate because:

- a** I do not intend to make a claim against the CLS fund. I confirm that:
- I do not intend to approach my client for payment of any costs.
 - no other firm, acting under this certificate, has incurred costs and that no claim will be made by any other firm.
 - I understand that any payments on account made will be recouped.
 - Do not use this option if you intend to submit a Claim 2.
- b** The client agrees that the certificate should be discharged. Please give reasons why the client requests discharge.

Discharge reasons (continued)

- c** Work authorised under the certificate has been completed and disposed of on: _____ / ____ / ____
I enclose a copy of the final order/details of any settlement.
- Money and/or property has been recovered or preserved to which the statutory charge may apply. I attach a report on form Admin 1.
- An undisputed sum which increases the client's disposable capital to over £3,000 has been received.
- d** The client died on: _____ / ____ / ____
- e** The client has failed to provide instructions.
- f** The client is the subject of a bankruptcy order made on: _____ / ____ / ____
- g** The client has required the proceedings to be conducted unreasonably so as to incur an unjustifiable expense to the fund.
4 If the client agrees to the discharge, use box b above.
- h** One or more of the relevant criteria in the Funding Code is/are no longer being met.

Where you are requesting discharge under grounds **e to h** above, please provide further information below. If there is an unfavorable counsel opinion or experts report, please provide copies.

Certification

I certify that the information provided above is correct

Signed: _____ Date: _____ / ____ / ____
(A Solicitor or Fellow of the Institute of Legal Executives)

Name: _____