



Application for amendment or prior authority in civil cases

Including civil applications arising from criminal proceedings

CLSAPP8

Please complete in block capitals

- Clinical Negligence Case Yes No
- Special Children Act prior authority? Yes No
- Urgent? If so, please explain why on page 4. Devolved power exercised?

Your client's details

Our reference number: _____

Title: _____ Initials: _____ Surname: _____

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

Current address: _____
u only to be completed if address has changed since initial application

Town: _____

County: _____ Postcode: _____

Your details (instructed solicitor)

Supplier number: _____

Name of organisation: _____

Phone: _____ E-mail: _____

Fax: _____

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

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

Contact name for enquiries: _____

Your case reference: _____

Type of application(s)

- | | |
|---|--|
| <input type="checkbox"/> A change to the proceeding(s)/ mediation type (help with mediation only) | <input type="checkbox"/> A change to the other party's details |
| * <input type="checkbox"/> A change to the scope limitation | <input type="checkbox"/> To correct a mistake |
| * <input type="checkbox"/> A change to the costs limitation | <input type="checkbox"/> Prior authority to incur expenditure |
| <input type="checkbox"/> A change of solicitor | <input type="checkbox"/> Authority to instruct counsel |

New level of Service:

- Change from general family help or Family Help (Higher) to legal representation (family only)
- Change from investigative help to full representation (civil non-family)

*u Those application types marked * can be granted under devolved powers where authorised under the contract and in accordance with the guidance provided. (Includes amendments to certificates for emergency representation granted using devolved powers.)*

Type of case

u Tick one box only. This will assist us in sorting applications on receipt.

Category of law

- Clinical Negligence
- Other personal injury (not excluded by schedule 2 Access to Justice Act 1999)
- Family/Mat (including public law children)
- Housing
- Immigration
- Mental Health
- Debt
- Consumer/Contract
- Education
- Community Care
- Associated CLS work (Application for judicial review or habeas corpus arising from a matter within the Crime Franchise Category)
- Other public law (please state area of law) _____
- Actions against the police etc
- Tribunal representation
- Other (please state)

Current situation report and reasons for request:

Please provide a summary of the work done and justify your request in all cases, with reference to the relevant criteria in the Funding Code.

⊃ this section need not be completed by suppliers exercising devolved powers where separate reports are attached

Work completed:

Reasons for request:

⊃ where applying for a new level of help or, in family cases only, for additional proceedings you must demonstrate how the Funding Code criteria for that level/those proceedings are met. (Please refer back to the relevant questions in CLSAPP1 (on pages 4 to 7) or CLSAPP3 (on pages 3 to 9 and summarise the information required. Note also that information is required regarding attempts at settlement and the need for a contested final hearing where the application is to increase scope beyond General Family Help or Family Help (Higher).) A CLSAPP7 must also be provided in family cases for additional proceedings in accordance with the Guidance in Volume 3, part C, of the Legal Services Commission Manual.

Current situation report and reasons for request continued

Have proceedings commenced?

Yes

No

If yes, give date of issue: _____ / _____ / _____

Has the case been allocated to a track under the Civil Procedure Rules?

Yes

No

Not applicable

If yes, please specify whether Fast or Multi-Track:

Please attach a copy of the allocation questionnaire.

CLS funded costs to date under the CLS funding certificate: £ _____

CLS funded disbursements to date (inc counsel's fees) under the CLS funding certificate: £ _____

Details of request(s)

Amendment/authority requested:

- u *Please say what is being asked for, using standard wordings where known. For a change of solicitor, give detailed reasons and (where the amendment is applied for because of client dissatisfaction) confirm that a complaint has been made using the firm's complaints procedure. Copy documents/correspondence regarding the complaint and its outcome must be attached. Please indicate why the client remains dissatisfied.*
- u *If an increase in costs is being requested, please advise how existing limit has been reached and how much more is required.*

Details of request(s) continued

If granted under devolved powers:

Tell us the date you amended the certificate:

If the amendment is to an emergency certificate, tell us the date you granted emergency funding to your client: ____ / ____ / ____

Explain why an amendment to the emergency certificate was required:

Tell us the wording code(s) you used and provide a brief description of the amendment, and if applicable, tell us the revised costs limitation:

Please attach CAFCASS report/counsel's Opinion/expert's report where applicable.

Estimate of costs

u Estimate your likely costs for all work done in this case with CLS funding (including other levels of help, but excluding private costs) at LSC rates, excluding VAT, including disbursements and counsel's fees. Where known, CLS funding costs incurred by a previous solicitor for the same client for this case should also be included in the estimate.

Costs to settlement : £ _____

Disbursements to settlement: £ _____

Counsel's fees to settlement: £ _____

Total to settlement : £ _____

Costs to trial : £ _____

Disbursements to trial: £ _____

Counsel's fees to trial: £ _____

Total to trial : £ _____

u If your estimate of likely costs/disbursements meets the Funding Code criteria for Very Expensive Cases, please attach a copy of the up to date case plan and submit this application to the Special Cases Unit (or for family cases, except child abduction, to the Reading Office) direct.

Merits

Which of the following best describes the prospects of achieving a satisfactory outcome:

- | | |
|---|--|
| <input type="checkbox"/> A Very good (80% or more) | <input type="checkbox"/> D Borderline |
| <input type="checkbox"/> B Good (60 - 80%) | <input type="checkbox"/> E Poor |
| <input type="checkbox"/> C Moderate (50-60%) | <input type="checkbox"/> F Unclear |

If you have ticked D, E or F, please say what factors lead you to make this assessment and why further CLS funding should be given:

Benefits to be obtained

Quantifiable claims:

By what ratio are damages likely to exceed costs?

Costs : Damages

Ratio :

Unquantifiable claims:

What benefit is your client hoping to obtain and why is this important to your client?

Settlement Offers

Has the other side made any offer to settle the case? Yes No

If Yes, set out the terms of the offer and explain why funding should continue.

Alternatives to litigation

u *Please complete this section if you are applying to extend the scope of the certificate or to change to a new level of help*

a) Has your client tried to resolve the dispute by the following or other methods?

i) negotiation Yes No

ii) mediation or other alternative dispute resolution Yes No

If yes, please provide details including outcome:

u *please provide copy correspondence where relevant*

If no, please state why not:

The other party

Title: _____ Initials: _____ Surname: _____

First Name: _____

Address: _____

Town: _____

County: _____ Post Code: _____

If the other party has been given legal aid/CLS funding, what is our reference number?

If applicable, are you still satisfied that the other party has the means to pay and if so, why?

Other clients

If you are acting for any other clients in respect of the same matter, please give our reference numbers and their full names, and explain how their position has been considered in relation to the current request(s):

Prior authority details

- u Complete if prior authority requested.
- u You should not apply for prior authority in cases subject to the Protocol for Judicial Case Management in Public Law Children Act cases where a court direction has been given unless the expenditure is exceptional.
- 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. You must also provide a sufficient breakdown including hourly rates of the costs to be incurred and the work to be done. You will need to identify how the costs are to be shared with other parties. No costs or expenses relating to the residential assessment of a child or costs of treatment, therapy or training will be included in any authority or met from the Community Legal Service Fund. See the guidance in Volume 1, Part D of the Legal Services Commission Manual.

Name of expert: _____
Company name: _____
Address: _____
Town: _____
County: _____ Postcode: _____
E-mail: _____ Type/status of expert: _____

Why is the expenditure necessary/justified? (Please continue on a separate sheet if necessary)

For ancillary relief cases and civil (non-family) cases, is this a single expert jointly instructed? If not, why not?

If these are Children Act proceedings where the permission of court is required, has permission been obtained? Please enclose the relevant order or, if it is not available, give full details.

Yes No

In public law Children Act proceedings explain why the local authority is not bearing the full costs of the expenditure proposed having regard to the respective aims, roles and funding of the parties including the local authority:

Total expenditure: £ _____ <i>(before apportionment, if appropriate)</i>	Maximum authority: £ _____ <i>(after apportionment, if appropriate)</i>
Preparation: £ _____	Preparation - hourly rate: £ _____
Cost of travel time £ _____	Travel - hourly rate: £ _____
Daily rate: £ _____ <i>(if expert to give evidence)</i>	

Explain the basis of apportionment or why apportionment is not appropriate _____

How many alternative quotes have been obtained? _____

What were the amounts quoted? _____

Why have you chosen the quote you have? _____

If relevant please confirm any charges/expenses in relation to treatment, therapy or training have been excluded:

Counsel's details

Authority is requested to: instruct brief
Type: leader alone leader plus junior two counsel junior (Magistrates' Court proceedings only)

Enclosures

u Do not send originals

- case plan (Very High Cost cases only) counsel's opinion witness statements
- pleadings allocation questionnaire photographs/plans
- other, give details: _____

Certification

I certify that:

- a I have checked this form and any enclosures
a I have explained to the client their obligations and the contents of this application.
a I have provided as accurately as possible the information requested on this form.

Signed: _____ Date: ____/____/____

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

Name: _____

Declaration

Clinical Negligence cases only

I declare that:

I am a member of an approved accreditation panel and that I am either the category supervisor or conducting solicitor and have checked and approved the application

Signed: _____ Date: ____/____/____

Name: _____

Certification - Change of solicitor only

u complete where the application is to change solicitor and relates to a certificate issued on or after 1 April 2001 (or 1 April 2000 in an Immigration, Personal Injury, Clinical Negligence or Family matter)

I certify that my office has a Unified Contract Schedule authorising Licensed Work in these proceedings (or has a General Criminal Contract and the application relates to Associated CLS Work).

Signed: _____ Date: ____/____/____

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

Name: _____