

Claim for Family Graduated Fee (Counsel)



For Official Use Only

Tag No: _____ / _____ / _____

Note: One claim form should be completed per counsel

Your client's details

Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____

Our case reference number: _____

Additional client details (multiple clients):

1. Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

2. Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

3. Title: _____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

Your details (counsel)

Counsel's name: _____

Account number:

Address (or DX details): _____

Postcode: _____

Phone: _____ E-mail: _____

Contact name for enquiries: _____

Are you : Queens Counsel Junior Counsel

Your case reference: _____

Instructed by: _____

Name of organisation: _____

Description of main issues in this case

- 4 Please include name of court, nature of application(s) and where applicable hearing listing times and time spent at hearing (please give starting and finishing times if not endorsed on the brief)
- 4 If you are claiming for travel or overnight accommodation, please provide justification.

Incidental items

4 Please see Guidance for CLSClaim 5 for completion.

4 Please photocopy, complete and attach additional copies of this page as required

Audio/Visual tapes and discs								Total cost
No. of tapes:								
Running time (hrs:mins):	:							:
Travel time								
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Time each date (hrs:mins):	:	:	:	:	:	:	:	:
Hotel Expenses								
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Total no. of nights claimed:								:
Travel Expenses								
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Mileage per date:								
Cost of 2nd class travel per date:	:	:	:	:	:	:	:	:
Total claimed (I + J + K + L = M)								:

Total of H + M =	£	:	p
Total VAT:	£	:	p
Grand total:	£	:	p

Preparation for hearing where no hearing takes place or counsel is prevented from attending

4 Please provide full details in support of your claim, including reasons why you were not able to represent your client at the hearing or the hearing did not take place:

Special preparation: cases where the LSC assesses payment (ie non hearing functions)

(a) Court bundle payment

Did the court bundle exceed 700 pages?

Yes No If yes, please state total number of pages _____

How many hours of preparation do you seek payment for? _____

(b) Complexity

Did the proceedings involve exceptionally complex issues of law or fact?

Yes No

If yes, please supply details:

Please state the number of hours you would normally have worked on this type of case, if it did not involve exceptionally complex issues of law or fact _____

How many additional hours of preparation do you seek payment for? _____

(c) Public Law

In public law proceedings, was the main hearing split so that a period of at least 4 months elapsed between its commencement and the time at which it resumed?

Yes No

If yes please state duration of time elapsed: _____

Please state the number of hours you would normally have spent on preparation, had the main hearing not been split _____

How many additional hours of preparation do you seek payment for? _____

Settlement supplement claimed for Function 5

How many days was the main hearing listed for? _____ On what day did the case settle? _____

- 4 No settlement supplement is payable in the primary hearing unit of Function F5 where the proceedings have been listed for less than two days, or any secondary hearing unit.

Cases in the Magistrates Court

Was authority obtained from the LSC to instruct/brief you in this case? Yes No

If you answered no to this question, please give your reasons for acting in this case and set out the times spent in the table below (which will be paid to you at the solicitors rate of remuneration under the payment annex to the specification of the Unified Contract (Civil)).

Function	Date	Prep Time	Prep Cost	Travel Time	Travel Cost	Waiting Time	Waiting Cost	Conf/Neg Time	Conf/Neg Cost	Hearing Time	Hearing Cost	Sub Total
Sub Total												

Special Issue Payments

4 Please see Guidance for CLSClaim 5 for completion.

4 Please identify which of the possible SIPS listed below are claimed per function payment in this table:

Function payment claimed (insert number F1 - F5)	Hearing date (functions 2, 3 and 5 only)	SIP claimed (please insert relevant numbers)

In cases where the Commission assesses payment (ie no hearing has taken place), please supply details as to how the special issues were relevant to the issues before the court.

Enclosures

You should submit the following

- Form of instruction from instructing solicitor confirming the work counsel should undertake (copy brief or instructions endorsed by counsel) (for every claim)
- Counsel's note of the main conference (when claiming F4 payment only)
- Judicial certification/record as required of: certificate for counsel, SIPS (if any), amount of special preparation payable and court bundle payments (when claiming F2, F3, F5 payments only)
- Receipts for travel/hotel expenses if over £20.00
- Other, give details _____
- Schedule of hours spent in preparation (SPF)

Certification

I certify that the information I have provided is correct and the work carried out by me has not been and will not be the subject of any other claim by me for payment from the CLS Fund. I understand that if information given by me is incorrect or misleading, payment may be recouped and other steps taken against me.

Signed: _____

Date: ____/____/____

Name: _____

I understand a false declaration may lead to prosecution.