



Controlled Legal Representation (Imm)

Equal Opportunities Monitoring

Please tick the boxes which your client would describe themselves as being:

Ethnic Monitoring

White

- (a) British
 (b) Irish
 (c) White Other

Black or Black British

- (a) Black Caribbean
 (b) Black African
 (c) Black Other

Mixed

- (a) White and Black Caribbean
 (b) White and Black African
 (c) White and Asian
 (d) Mixed Other

Chinese

Asian or Asian British

- (a) Indian
 (b) Pakistani
 (c) Bangladeshi
 (d) Asian Other

Other

- Prefer not to say

Disability Monitoring

The Disability Discrimination Act defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities. If a client considers himself or herself to have a disability please select the most appropriate definition. If the client has multiple disabilities please select the definition that reflects the predominant disability.

Definitions:

- | | | | |
|--------------------------------|--------------------------|---|--------------------------|
| Not Considered Disabled | <input type="checkbox"/> | Cognitive Impairment | <input type="checkbox"/> |
| Physical Impairment | <input type="checkbox"/> | Long-Standing Illness Or Health Condition | <input type="checkbox"/> |
| Sensory Impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Mental Health Condition | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |
| Learning Disability/Difficulty | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

4 Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Your client's details

Title: _____ Initials: _____ UCN: _____
Surname: _____
First name: _____
Surname at birth: _____
(if different)
Date of birth: ____ / ____ / ____ National Insurance no: | | | | | | | | | | | | | | | |
Sex: Male Female Prefer not to say
Marital status: Single Married/Cohabiting Married but separated
 Divorced Civil Partner Widowed
Place of birth: _____ Job: _____
(town)
Current address: _____
_____ Postcode: _____

Provider Details

4 Only complete when submitting a copy of this page with an application to the LSC.

Please complete in Block Capitals

Name of provider: _____

Address of provider: _____

Postcode: _____

DX (with exchange): _____

Telephone number: _____

Contract number: _____

Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income-based Jobseekers Allowance, Income-based Employment and Support Allowance or Guarantee Credit.

Yes

No

The client is directly or indirectly in receipt of NASS payment (**Immigration and Asylum category work only**)*

Yes

No

If the client receives Income Support, Income-based Jobseekers Allowance, Income-based Employment and Support Allowance, Guarantee Credit or NASS payments (*see above) go directly to Evidence Section on page 3. For all other clients parts A and B must be completed.

Does the client have a partner whose means are to be aggregated?

Yes Please complete PARTS A and B providing details of both client's and partner's means.

No Please complete PARTS A and B providing details of client's means only.

Part A Capital

Capital includes:

P Equity in home above £100,000 (after allowing up to £100,000 for mortgage(s) outstanding)

P Savings (bank, building society, etc)

P Investments (including shares and insurance policies)

P Valuable items (eg boat, caravan, jewellery, etc)

P Other capital (including money due to the client)

Capital excludes:

P Subject matter of dispute

P Household furniture and effects (unless exceptional value)

P Clothes, Tools of trade

TOTAL CAPITAL

TOTAL CAPITAL (Client and Partner)

Client	Partner
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

£ _____

Part B Income

P Use monthly figures
(if paid weekly, multiply by 52 & divide by 12)
(if paid four weekly, multiply by 13 & divide by 12)

Income includes:

P Gross monthly earnings

P Other income
(including child benefit, pensions, maintenance, dividends,
tax credits, benefits in kind, etc)

TOTAL GROSS INCOME

TOTAL GROSS INCOME (Client and Partner)

£ _____	£ _____
£ _____	£ _____
£ _____	£ _____

£ _____

TOTAL GROSS INCOME (brought forward)

Client **Partner**
£ _____ £ _____

Less monthly allowances:

u Housing costs, including:

Mortgage instalment* (capped if client has no dependants)

£ _____ £ _____

Rent* (capped if client has no dependants)

£ _____ £ _____

* amounts should be net of housing benefit

u Dependants' allowances:

Partner

£ _____

Dependants'

Aged 15 and under

£ _____

Aged 16 or over

£ _____

u Tax and National Insurance

£ _____ £ _____

u Standard allowance for employment expenses

£ _____ £ _____

u Maintenance payments actually being made
(eg for children and/or a former/separated spouse)

£ _____ £ _____

u Childcare costs because of work

£ _____

TOTAL ALLOWANCES

£ _____ £ _____

TOTAL MONTHLY DISPOSABLE INCOME

£ _____ £ _____

**TOTAL MONTHLY DISPOSABLE INCOME
(Client and Partner)**

£ _____

Evidence

Evidence given in support of means Yes No

If no please record justification or exceptional circumstance.

Case details and merits criteria

For all providers to complete

There should be only one grant of CLR per matter. The merits test (but not the means test) should be reviewed at each stage of the appeal. You should use photocopies of this page as necessary and attach them to the form.

1. Has your client received Controlled Legal Representation from another contracted provider? If so, provide the justification for transfer in accordance with Rules 2.22 - 2.30 of the Unified Contract Civil Specification and Rule 11.69 of the Immigration Specification.

2. Give a brief description of the case and the issues involved.

3. What are the prospects of this appeal being successful? Give brief reasons with reference to your client's case.

4. Do the likely benefits to be gained from the proceedings justify the likely costs?

Case details and merits criteria For applications to the LSC only

Please answer the following:

1. What is your client's nationality?
2. Please confirm the date of arrival in the UK _____/_____/_____
3. Please confirm the date of the asylum claim or immigration application _____/_____/_____
4. Please confirm the date of the Human Rights claim (if different) _____/_____/_____
5. Has this case been certified as clearly unfounded at any time? Yes No
6. Has your client previously been refused CLR by another provider?* Yes No
7. Has your client previously been refused CLR by the LSC?* Yes No
8. Does this application for CLR relate to a second or subsequent asylum claim or immigration application?* Yes No

If so, please fully explain how this application differs

9. Does this application for CLR relate to a second or subsequent Human Rights claim?* Yes No

If so, please fully explain how this application differs

10. For asylum claims, please confirm the following:

a) 1951 Convention Ground(s)

b) Why IFA is not available in the country of origin

c) Why protection is not available in the country of origin

d) Why the claim is well-founded with reference to objective evidence

11. For Human Right claims, please confirm the following:

a) 1950 Convention Article(s)

Case details and merits criteria continued

b) Why the decision is in breach of the Convention with reference to current case law

12. For non-asylum applications, please confirm the following:

a) Immigration Rule (HC 395 as amended)

b) Concessionary policy

13. For bail applications, please confirm the following:

a) Date of detention

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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b) Reasons for detention

c) If this is a second or subsequent application for bail*, how this application differs

14. Please explain any other circumstances for the grant of CLR and why you believe this case satisfies the CLR merits test.

***All previous negative decisions (including judgments of any court) must be enclosed with this application**

Data Protection Act - access to personal data

The personal data provided by you will be processed in accordance with the principles of the Data Protection Act 1998 and for the purposes of the Legal Services Commission's functions under the Access to Justice Act 1999. You have the right to make a formal request in writing for access to personal data held about you to inspect it and have it corrected if it is wrong. The Legal Services Commission may receive information about you from certain third parties, or give information to them; these third parties include some government departments. However, we will not disclose information about you unless the law permits us to.

Client's declaration

As far as I know all the information I have given, including information as to my means is true and I have not withheld any relevant information.

I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances.

I agree that the LSC can contact other parties to obtain information about my or my partner's financial circumstances and I authorise those parties to provide the information they are asked for.

I understand that the LSC may check my income and capital status with Her Majesty's Revenue and Customs (HMRC) and authorise HMRC to carry out such checks as are necessary to verify my financial status and give that information to LSC.

I understand that the LSC may confirm my or my partner's receipt of continuing benefit with the Department of Work and Pensions (DWP). The DWP may carry out such processing as is necessary to check this information remains correct and may inform the LSC of any relevant changes.

I understand that if I give false information the services provided to me may be cancelled and I may be prosecuted.

Signed: _____ Dated: _____

Declaration and Grant

The information contained on this form is true to the best of my information and belief.

I confirm that the circumstances of this case justify the grant of Controlled Legal Representation in accordance with the Contract Specification.

Signed: _____ Dated: _____
 accredited adviser

Print name: _____

Accreditation Pin Number: _____

For office use only

Decision:

Granted/Refused

Controlled Legal Representation is granted (tick as appropriate)

- To be represented before the Immigration Judge before the First Tier Tribunal.
- To be represented before the First Tier Tribunal on a bail application only
- To be represented before the appropriate court(s) for a permission application and representation at the Upper Tribunal.

Reasons for refusal:

Decision made by:

Date:

Time Spent and Costs

Item	Time Spent
1. Attendance	_____
2. Preparation	_____
3. Advocacy	_____
4. Travel and Waiting	_____
Total:	_____

Item	Number
1. Letters written	_____
2. Phone calls	_____

Total Profit Costs £ _____ Vat £ _____

Disbursements	Amount	Vat
Mileage	£ _____ : _____	£ _____ : _____
Other disbursements	£ _____ : _____	£ _____ : _____
Total	£ _____ : _____	£ _____ : _____
Counsel's fees	£ _____ : _____	£ _____ : _____

Dated _____

Note: When calculating profit costs, the time spent on each activity and the letters and telephone calls must be separated out according to the remuneration rate which applied at the time the work was carried out. Part B to your Unified Contract Specification sets the rates for Contract Work and specifies when franchised or non franchised rates must be charged. See also Part E of Volume I of the LSC Manual.

Remember that you may not charge separately for letters in.

The totals for profit costs, disbursements and counsel's fees from this form and the Legal Help and Help at Court Form in connection with this matter should be the same (after adding VAT and after deduction of any payment on account) as those reported by you on the Consolidated Matter Report Form. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported on the CMRF.