



Application for extension of Upper Costs Limit - Controlled Work 3A (Imm)

Please refer to Rule 11.2 (a & c) of the Immigration Specification for further clarification. This form must be submitted to the London Regional Office in advance of the requested work being commenced.

Please note Legal Help & CLR profit costs are exclusive of VAT and Disbursements are exclusive of VAT.

Supplier Details

Name of Supplier: _____	Account Number: _____
Telephone: _____	Email: _____

Client's Details

Client's Name: _____	UCN: _____
Client's DoB: ____/____/____	Matter Start Date: ____/____/____
Client's Full Post Code: _____	Nationality: _____

Please complete below and endorse which of the following your application relates to:

Application (Tick Box)	Solicitors		NfP Suppliers	
	Costs Incurred	New Limit Requested	Hours or Costs Incurred	New Limit Required
<input type="checkbox"/> 1. Legal Help	£	£	Hrs	Hrs
<input type="checkbox"/> 2. Legal Help Disbursement	£	£		
<input type="checkbox"/> 3. AIT - first substantive appeal - CLR	£	£	Hrs	Hrs
<input type="checkbox"/> 4. Legal Help NFP Disbursement Limit			£	£
<input type="checkbox"/> 5. CLR NFP Disbursement Limit			£	£

Provide further details of the above over leaf.

Sufficient Benefit Test/ CLR Merits Test

- Has your client received previous Legal Help from another supplier? Yes No
- Has your client received previous CLR from another supplier? Yes No

If you have answered yes to either of these questions, 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.

If you have answered yes to question 1 and/or 2 above, provide full details including the name and address of the previous supplier and the amount of cost incurred by the previous supplier

1. Summary of case:

Briefly provide a summary of the case and highlight the main issues. Provide an estimate of the prospects of success (moderate or better, unclear or borderline, or poor) and explain how the case meets the sufficient benefit or CLR merits test.

Continue on a further sheet if necessary

2. Give details of the work you have carried out to date:

Provide in chronological order the main steps of the case completed together with the time spent in undertaking each step.

3. Disbursements/Counsel Fee:

Provide details of all disbursements and Counsel fees incurred.

(Please list by type of disbursement, i.e. interpreter, medical/expert report, Counsel fee, travel)

(Medical/Expert Reports: Provide the name of the expert instructed together with a breakdown as to how the cost of the report has been calculated. Confirm whether the report is (i) medical - physical condition only (ii) medical psychological or psychiatric only (iii) medical - both physical and psychological or psychiatric (iv) country (v) other - please specify)

Continue on a further sheet if necessary

4. Give details of your work for which further funding is now required:

Provide details of the next proposed steps for which further funding is required together with an allowance of time.

(Home Office interviews: Note the provisions of Rule 11.102/103 of the Immigration Specification)

Continue on a separate sheet if necessary

5. Disbursements/Counsel Fee

Please provide details of all disbursements and Counsel fees to be incurred.

(Please list by type disbursement, i.e. interpreter, medical/expert report, Counsel fee, travel)

(Medical/Expert Reports: Provide the name of the expert instructed or to be instructed together with a breakdown as to how the cost of the report has been calculated. Briefly detail (i) how the report has or will legally or factually advance the case, (ii) set out the issues met or to be met, and (iii) the competence of the expert instructed or to be instructed)

Declaration:

I confirm that the details on this form are true to the best of my information and belief and that the work on this matter has been carried out in accordance with the contract specification and guidance.

Signed: _____ Print name: _____ Date: ____/____/____
(Accredited Adviser)

For Office Use Only

Amount requested: £ _____

Amount allowed: £ _____

Attendance at interview: Allowed/Refused _____

Reasons for reduction or refusal:

Decision made by: _____

Date: _____