



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

Please refer to Rule 11.2 (b, d, e, f, g, h, j & K) 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: _____

Case Details

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

Please confirm the nature of the extension request and the current stage of case:

<p>Matter Description</p> <p><input type="checkbox"/> Fresh Application (if original asylum application was made prior to 1 October 2007)</p> <p><input type="checkbox"/> Legal advice solely in relation to Form Filling</p> <p><input type="checkbox"/> Application to the AIT for permission to Appeal to the Court of Appeal</p> <p><input type="checkbox"/> Application for a Funding Certificate (Including Pre-action Protocol)</p> <p><input type="checkbox"/> Bail Application / Renewals</p> <p><input type="checkbox"/> Detained Client (inc Fast Track)</p> <p><input type="checkbox"/> Unaccompanied Asylum Seeking Child (UASC)</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Legal Help:</p> <p><input type="checkbox"/> Prior to submission of Fresh Claim</p> <p><input type="checkbox"/> Post submission of Fresh claim</p> <p><input type="checkbox"/> Prior to substantive Interview</p> <p><input type="checkbox"/> Post substantive Interview</p> <p><input type="checkbox"/> Post Home Office decision</p> <p><input type="checkbox"/> Other (please specify in summary section)</p>
<p>Matter Type:</p> <p><input type="checkbox"/> Asylum</p> <p><input type="checkbox"/> Non - Asylum</p>	<p>CLR:</p> <p><input type="checkbox"/> Prior to substantive hearing</p> <p><input type="checkbox"/> Post substantive hearing</p>
	<p>Bail Only:</p> <p><input type="checkbox"/> Prior to Bail hearing</p> <p><input type="checkbox"/> Post Bail hearing</p> <p>Number of bail applications made by you: _____</p>

Application	Costs incurred	New Limit Requested	Limit Allowed	LSC Decision maker and date of grant
Legal Help	£	£	£	
Legal Help Disbursement Limit	£	£	£	
CLR Financial Limit	£	£	£	
CLR Bail Only Limit	£	£	£	

Summary of Case:

Please provide a brief description of the case, clearly detailing the key factual and legal issues material to the client's application/appeal.

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. For extensions of the Disbursement and CLR Financial Limits provide details of all disbursements/counsel fees incurred to date. Please also confirm the hourly rates charged

Give details of the work for which further funding is now required:

Provide details of the next proposed steps together with an allowance of time.

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)

