

Graduated Fee Scheme - Application for extension of Disbursement Limit - Controlled Work 3C(Immigration)



This form must be submitted to the London Regional Office in advance of the requested work being commenced. Please refer to Rule 11.20 of the Unified Contract Civil Specification.

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 confirm the nature of the extension request:

| |
|----------------------------------------------------------------------------------------------------------------------|
| Matter Type: <input type="checkbox"/> Asylum <input type="checkbox"/> Non - Asylum |
| Disbursement Limit to be extended: |
| <input type="checkbox"/> 1) Stage 1 Legal Help Disbursement Limit <input type="checkbox"/> 2) CLR Disbursement 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.

Please detail all of the disbursements incurred to date (please indicate whether they have been incurred under Legal Help or CLR).

Total incurred to date: £ _____

Requested Disbursements.

Please complete the following sections where applicable:

Expert Reports

Type of Report:

(e.g. medical, country, psychological etc) _____

Name of Expert: _____

Hourly rate(s) to be charged: _____

Number of hours to be incurred by expert: _____

Total cost: £ _____ :

Interpreters and Translations.

Please complete this section in full:

Name of Interpreter: _____ Language: _____

Region: _____

Hourly rate for Attendance: £ _____ : Total for Attendance: £ _____ :

Hourly rate for Travel/Waiting: £ _____ : Total for Travel/Waiting: £ _____ :

Total requested: £ _____ :

Translation:

Rate per 1000 words: £ _____ :

Rate per A4 page: £ _____ : **Total requested:** £ _____ :

Other (please specify the nature and value of the disbursements)

Please provide any further information that may be relevant to requested disbursements:

Please confirm the requested Disbursement Limit(s)

Limit Requested £ _____ Limit Allowed £ _____

LSC Decision Maker: _____ Date: ____/____/____

Supplier 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)