



Mental Health Application for Prior Authority to incur enhanced rates for Counsel

This form must be submitted to the Mental Health Unit
Please complete in Block Capitals

Supplier Details

Name of Supplier: _____

Account Number: _____

Name of Fee Earner: _____

Contact telephone number: _____

Email address: _____

Case Details

Client's Name: _____ Unique Client reference number: _____

File Reference: _____ Date LH/CLR signed by client: _____

Matter Type:

MHT

or

Non MHT

Counsel's details:

Counsel's name & Location: _____

Account number: _____

Reference: _____

Number of hours required:

Travel & Waiting: _____ hrs @ £ _____ p/h = £ _____

Advocacy: _____ hrs @ £ _____ p/h = £ _____

Attendance: _____ hrs @ £ _____ p/h = £ _____

Preparation: _____ hrs @ £ _____ p/h = £ _____

Total amount requested: £ _____

Details of case and reasons for request

4 Please provide full details of the case together with your reasons for wishing to instruct counsel at a rate higher than CLR rates. Please include full details of the unusually complex evidential problems or novel or difficult points of law. For full details please see sections 9.43 to 9.47 of the Mental Health Specification in the 2010 Standard Civil Contract.

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.

Solicitor or Category Supervisor signature: _____

Date: ____/____/____

For office use only

Hourly rate requested:

Hourly rate allowed:

Reason for refusal / reduction:

Travel & Waiting: £ _____ p/h

Travel & Waiting: £ _____ p/h

Advocacy: £ _____ p/h

Advocacy: £ _____ p/h

Attendance: £ _____ p/h

Attendance: £ _____ p/h

Preparation: £ _____ p/h

Preparation: £ _____ p/h

Total amount requested: £ _____

Total amount allowed: £ _____

Decision made by: _____

Date of decision: ____/____/____