



PROTECT- PERSONAL INFORMATION **EC-CLAIM 1**

Exceptional Case

Claim Form - Immigration

Please ensure the following documents are provided:

The full file of papers including the CW1 and CW2 (if applicable), disbursement vouchers, IT running record of costs and evidence of income.

Provider Details

Provider Name: _____
 Contact Name: _____ Account number: _____
 Tel Number: _____ Email address: _____

Summary of Claim (please note these should be the same across the whole claim)

Client first name: _____ Client surname: _____
 UCN: [][][][][][][][][][] / [][] / [][][][][][][][][][] UFN: [][][][][][][][][][] / [][][][]
 Case ref: _____ HO UCN: _____

Legal Help:

Month claimed on LSC Online: ____/____

Stage Reached: [][]

Outcome code: [][]

Matter type 1: [][][][]

Matter type 2: [][][][]

Asylum

Immigration

Detained client

Profit Costs net: £ : :

Disbursements net: £ : :

Total net: £ : :

CLR:

Month claimed on LSC Online: ____/____

Stage Reached: [][]

Outcome code: [][]

Matter type 1: [][][][]

Matter type 2: [][][][]

Stage disbursement: (if applicable)

Month and amount claimed on LSC Online :

____/____ £ : :

____/____ £ : :

____/____ £ : :

4 Please note that profit costs include counsel's costs at hourly rates and travel and wait. Disbursements and **detained** travel and wait do not form part of the exceptional case calculation and should not be included in 'Profit Costs net' field.

HO interview Oral CMRH Telephone CMRH Substantive First Tier hearing Adjoined hearing(s)

Value of additional payments claimed:
 e.g. £184 + £336 (Oral CMRH + Substantive First Tier hearing). £ : :

Provider Certification

I certify that the information provided is correct.

Signed: _____

Name: _____ Date: ____/____/____