



# Exceptional Case Claim Form - Mental Health

## Have you attached?

Counsel prior authority form (if applicable)

CW1 & CW2 (if applicable)?  Evidence of income?  Full File of Papers?

Disbursement Vouchers?  IT based Running Record of Costs?

## Provider Details

Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Summary of Claim

Client first name \_\_\_\_\_ Client surname \_\_\_\_\_

UCN:  /  /  UFN:

Matter type 1:  Case ref: \_\_\_\_\_

Matter type 2:  Fee level code: **MHL**

Stage Reached:  Meeting code: **MTGA**

Outcome code:  **Month Final Bill claimed on LSC online:** \_\_\_/\_\_\_

Month Stage disbursement claimed on LSC Online: \_\_\_/\_\_\_

(if applicable please supply breakdown of amount \_\_\_/\_\_\_

in Summary of Costs on page 3) \_\_\_/\_\_\_

## Required information

4 This information must be supplied where appropriate in order to process your claim.

Date of section (if applicable): \_\_\_/\_\_\_/\_\_\_

Eligibility period to which this claim relates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Please provide details of any other claims made by you for this client within the same eligibility period.



## Mental Health Fees (please tick):

Non means Non MHRT

Non MHRT

Remote travel fee

Level 1 MHRT

Remote travel fee

Level 2

Remote travel fee

Level 3

Remote travel fee

Number of Adjourned Hearing Fee(s) \_\_\_\_\_

## Summary of costs

Profit Costs net: (inc counsel costs at CLR rate)	£	:	Profit Costs inc VAT: (inc counsel costs)	£	:
Travel and waiting:	£	:	Travel and waiting inc VAT:	£	:
Total net:	£	:	Total inc VAT:	£	:
Total Disbursements net:	£	:	Disb inc VAT:	£	:
Stage Disb 1:	£	:	Disb inc VAT:	£	:
Stage Disb 2:	£	:	Disb inc VAT:	£	:
Stage Disb 3:	£	:	Disb inc VAT:	£	:
Counsel Costs above CLR rate	£	:	Counsel Costs above CLR rate inc VAT:	£	:

## Breakdown of costs

	Level 1				Level 2		Level 3		TOTAL	
	Non-MHRT		MHRT		£ : P	hrs:mins	£ : P	hrs:mins	£ : P	hrs:mins
	£ : P	hrs:mins	£ : P	hrs:mins	£ : P	hrs:mins	£ : P	hrs:mins	£ : P	hrs:mins
Attendance	:	:	:	:	:	:	:	:	:	:
Preparation	:	:	:	:	:	:	:	:	:	:
Advocacy							:	:	:	:
Travel & Waiting	:	:	:	:	:	:	:	:	:	:
Letters & Calls										
Counsel	:	:	:	:	:	:	:	:	:	:
Disbursements	:	:	:	:	:	:	:	:	:	:
Additional Payments Costs incurred	:	:	:	:	:	:	:	:	:	:
<b>TOTAL</b>	:	:	:	:	:	:	:	:	:	:

## Provider Certification

I certify that the information provided is correct.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_