

**Litigator Fee Review Form**

**Section one**

Bill ID \_\_\_\_\_ Solicitor's a/c number \_\_\_\_\_  
 Solicitor's firm \_\_\_\_\_  
 Firm's address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact telephone number \_\_\_\_\_ Contact name \_\_\_\_\_  
 Defendant's first name \_\_\_\_\_ Defendant's surname \_\_\_\_\_  
 Defendant's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Crown Court \_\_\_\_\_  
 Court code \_\_\_\_\_ Case Number(s) \_\_\_\_\_  
 Date of Representation Order \_\_\_\_/\_\_\_\_/\_\_\_\_ MAAT ID number \_\_\_\_\_

**Section two - Item(s) in Dispute**

Please indicate item	Please indicate the details you wish to claim
<input type="checkbox"/> PPE	
<input type="checkbox"/> Trial type	
<input type="checkbox"/> Length of Trial	
<input type="checkbox"/> Number of Defendants	
<input type="checkbox"/> Offence Classification	
<input type="checkbox"/> Disbursements	
<input type="checkbox"/> Evidence Provision Fee	
<input type="checkbox"/> Other. Please state:	

**Section three - Reason for Redetermination**

Please provide any additional information in support of your request for re-determination

Please list all additional documents submitted in support of your request

I wish to apply for a redetermination of the fee paid by the Litigator Fee Team

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_

## Section four - Review Outcome

Paid in full

Paid in part

Refused

Additional Litigator Fee Allowed ( inc VAT)            £            :

Total Litigator Fee Paid (inc VAT)                    £            :

Additional Disbursements paid (inc VAT)            £            :

Total Disbursements paid (inc VAT)                £            :

Decision Reasons:

Caseworker initials ..... Date processed .....