

# Application for extension of Upper Cost limit - Controlled Work (Non Immigration Matters)

This form must be submitted to your Regional Office with a copy of pages 1 to 5 of the 'Legal Help/Help at Court' form, and where applicable, a copy of the Controlled Legal Representation Form and any previous authority granted.

## Supplier Details

Name of Supplier: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of category Supervisor: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

## Case Details

Client name: \_\_\_\_\_

File Reference: \_\_\_\_\_

SQM category: \_\_\_\_\_

Matter Type: \_\_\_\_\_

Costs incurred to date: £ \_\_\_\_\_

Give details of work carried out to date:

Give details of new financial limit requested together with reasons:

If a certificate would be available for this type of matter, explain why one has not been applied for:

a You may provide further details on a separate sheet if necessary.

## Sufficient benefit test / CLR Merits Test

Give details of the amount of any money or property at stake:

What would be a successful outcome for your client in this matter?

What is your estimate in percentage terms of that outcome being achieved?

%

### 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: \_\_\_\_\_

Solicitor or Category Supervisor

For and on behalf of (suppliers name): \_\_\_\_\_

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

### For office use only

Amount requested: £ \_\_\_\_\_

Granted in full:

Granted to: £ \_\_\_\_\_

Reasons for reduction or refusal:

Decision made by: \_\_\_\_\_

Regional office: \_\_\_\_\_

Date of decision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_