



Legal Aid
Agency

Claim for Family Advocacy Scheme (Counsel)

For Official Use Only

Tag No: ____ / ____ / ____

Note: One claim form should be completed per counsel

Your client's details

Title: ____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____

Our case reference number: _____

Additional client details (multiple clients):

1. Title: ____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

2. Title: ____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

3. Title: ____ First name: _____ Surname: _____

Date of birth: ____ / ____ / ____ Our case reference number: _____

Your details (counsel)

Counsel's name: _____

Account number:

Address: _____

Postcode: _____ DX address: _____

Phone: _____ E-mail: _____

Contact name for enquiries: _____ Tel no.: _____

E-mail address for enquiries: _____

Your case reference: _____

Instructed by: _____

Name of organisation: _____

Description of main issues in this case

- 4 Please include nature of application(s) and where applicable hearing listing times and time spent at hearing (please give starting and finishing times which should also be endorsed on the Advocates Attendance Form) and anything further which you think is relevant to your particular claim.
- 4 If you are claiming for travel or overnight accommodation, please provide justification.

Schedule of payments claimed

- 4 Please see Guidance for CIVClaim 5A for completion.
- 4 Complete in chronological order. All figures are net of VAT.
- 4 Where the claim relates to more than one set of proceedings please photocopy and complete this page once to show work done per set of proceedings.
- 4 Please ensure you have provided the evidence required for your FAS payment. Details of the evidence required can be found on the claim submission checklists and within the electronic handbook.

Category of case (please tick one only):

- | | |
|--|--|
| <input type="checkbox"/> 1 Private law children | <input type="checkbox"/> 4 Care and supervision proceedings |
| <input type="checkbox"/> 2 Domestic abuse | <input type="checkbox"/> 5 Other public law children proceedings |
| <input type="checkbox"/> 3 Finance matter and all other private family proceedings | |

Where a set of proceedings covers more than one category of work, counsel must choose which single category of work to be paid under.

Date of Hearing	Type of Judge HCJ D/CJ L/C	Type of work	Actual time spent (mins)	No. of hearing units or days if final hearing	Rate for units	Standard fee total cost	% bolt on claimed	Cost of bolt- ons	Advocate bundle payment	Settlement fee	Exceptional travel	VAT for FAS claims	Total
dd/mm/yy						£ : p		£ : p	£ : p			£ : p	£ : p
Total A													

Bolt on Payments

Date of hearing	Bolt on claimed (please insert relevant numbers)

Schedule of payments claimed continued

Exceptional travel bolt-on

Date	Distance	Reasons for claim

Incidental items

4 Please see Guidance for CIVClaim 5A for completion.

4 Please photocopy, complete and attach additional copies of this page as required

Hotel Expenses								:	B
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /		
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /		
Total no. of nights claimed:									
Travel Expenses								:	C
Dates:	/ /	/ /	/ /	/ /	/ /	/ /	/ /		
Mileage per date:									
Cost of 2nd class travel per date:	:	:	:	:	:	:	:		
Total claimed (B + C = D)								:	D

Total of A + D =	£	:	p
Total VAT:	£	:	p
Grand total:	£	:	p

Preparation for hearing where no hearing takes place

4 Please provide full details in support of your claim, including date of hearing and the reason the hearing did not take place:

Enclosures

You should submit the following

- Form of instruction from instructing solicitor confirming the work counsel should undertake (copy brief or instructions endorsed by counsel) (for every claim)
- Counsel's note of the main conference (when claiming a fee for conference only)
- Judicial certification/record as required of: Advocates Attendance Form.
- Receipts for travel/hotel expenses if over £20.00 per day.
- Other, give details _____

Certification

I certify that the information I have provided is correct and the work carried out by me has not been and will not be the subject of any other claim by me for payment from the Legal Aid Agency. I understand that if information given by me is incorrect or misleading, payment may be recouped and other steps taken against me.

Signed: _____

Date: ____/____/____

Name: _____

I understand a false declaration may lead to prosecution.