**LEGAL AID ACT 1986**

**LEGAL ADVICE AND ASSISTANCE**

**Application for Extension of Financial Limit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client** | | | |
| Surname | Forename(s) | | Title (Mr/Mrs/Ms/other) |
|  |  | |  |
| Address | | | |
| **Nature of Matter** (tick box)   |  |  |  |  | | --- | --- | --- | --- | | Care Proceedings |  | Maintenance |  | | Contact |  | Personal Injury |  | | Crime |  | Property |  | | Debt |  | Tribunal |  | | Divorce |  | If none of the above describe the matter correctly please select: | | | Employment |  | Civil general |  | | Inquest |  | Family general |  | | | | |
| Are you applying for mediation expenses? Yes / No  If yes, do you require sole or co-mediation? | | | |
| **Costs** | | | |
| Already incurred  £ | | To be incurred  £ | |
| Status of fee earner - Junior Senior | | | |
| Disbursements *(estimate and mark “E” if exact figure is unknown)* | | | |
| Already incurred | | To be incurred | |
|  | | | |
| New financial limited requested | | £ | |
|  | | | |
| Please provide details of work you have already done *(required)* | |  | |
| What further work is necessary? | |  | |
| What, if any fees or disbursements are involved? (exc VAT) | |  | |
| Will this bring proceedings to a conclusion or you think a Legal Aid Certificate will be necessary? | |  | |
| Date of previous grant or refusal of extension | |  | |
| Advocate’s firm – name and address | | Signed (Advocate) | |
|  | |
|  | | Date | |
|  | |
|  | | Reference | |
| Secure email | |
|  | |  | |
|  | | | |
| **Certifying Officer** | | | |
| **Granted / refused**  **Terms**  **Reasons** | | **New financial limit = £**  **Total hours granted (+ disbursements if mediation)** | |
| *Amounts are inclusive of disbursements, exclusive of VAT* | | | |
| **Mediation –**  **Terms**  **Disbursements authorised**   |  |  | | --- | --- | |  | **LACO authorisation** | | **sole mediation assessment in the sum of £75** |  | | **two mediation sessions with a sole mediator £550** |  | | **co-mediation -two sessions £715** |  | | **memorandum of understanding £125.00** |  | | | | |
| **Signed for** | | **Date** | |
| **Date submitted for payments** | |  | |
| **Date payment made** | |  | |