**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 do 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  |
| **For Office Use Only**  |
| **Mediation Authorised** **Terms**

|  |  |
| --- | --- |
|  | **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** |  |

 |

|  |
| --- |
| **Certifying Officer**  |
| **Granted: Y/NRefused: Y/N** **Reasons**  | **New financial limit = £****Total hours granted (+ disbursements if mediation)** |
| *Amounts are inclusive of disbursements, exclusive of VAT* |