



Report in civil cases - costs met in part or in full by other party

CLS CLAIM2

For Official Use Only

Tag No: _____ / _____ / _____

Please complete all sections of the form as fully as possible to prevent rejection of the claim or a request for further information.

Please indicate if: Claim for costs to be assessed by the LSC Claim for costs assessed by the court

Your client's details

Our case reference number: _____

Title: _____ First name: _____ Surname: _____

Date of birth: _____ / _____ / _____

Does this claim cover more than one certificate? If so, give the other case reference numbers and the percentage apportionments between the cases:

Your details

Account number: Roll number:

Name of firm: _____

Your case reference: _____

Contact name for enquiries: _____

Previous advice and other related claims

Did your client receive advice under the advice and assistance scheme, Legal Help or Family Help (Lower) in this matter? Yes No

Total costs incurred: £ _____

Does this claim include the costs of all other solicitors that have been instructed?

4 Including both pre-certificate and post-certificate costs

Yes No, please give reasons:

Are there any further claims to be made (by you or any other Solicitor)? Yes No

Outcome of case

Outcomes

4 When answering the following questions, please use the relevant codes referred to in the Certificate Outcomes Checklist. This checklist is available on the LSC website: <http://www.legalservices.gov.uk/civil/forms.asp>

1. At what stage did case end?
2. How did case end?
3. What was the result?
4. Was ADR proposed or used?
5. Were significant wider public benefits achieved?

Date of issue of proceedings: / /

Date of final work on the case, excluding bill preparation: / /

Name(s) of court(s) or proposed court: _____

Recoveries

Indicate which, if any, of the following were awarded:

Costs Damages Property

4 If any of the above were awarded you must also complete pages 4, 5 and 6.

Summary of costs paid

	Amount £ : p	VAT £ : p	Total £ : p
Profit costs:	:	:	:
Disbursements:	:	:	:
Counsel's fees:	:	:	:
Total costs:	:	:	:
Legal advice and assistance or Legal Help costs & Family Help (Lower):	:	:	:
* Pre-certificate interest on costs:	:		
* Post-certificate interest on costs:	:		
Damages or monies awarded:	:		

* Please give details of how the interest recovered on costs was calculated, on a separate sheet

Summary of case - where assessed by the LSC.

4 Please give brief details of the case and its outcome.

Family cases only

Cases where Counsel has been instructed under the FGF scheme

Names of counsel instructed: _____

Have all outstanding claims for payment by counsel been paid by the LSC?

Yes

No

Has this case escaped the FGF scheme?

Yes

No

Details of monies/property awarded

4 You should attach copies of any judgments made and form CLSADMIN1 if this has not already been sent.

Value of award: £_____ : _____

Amount recovered to date: £_____ : _____

Legal Aid Only costs cont

4 If you are seeking an enhanced rate of remuneration identify the item of work, the reason for the enhancement and the enhanced rate claimed.

	Item rate	Number	Enhancement claimed	£ : p	For Office Use Only
Letters out					
Letters in					
Phone calls					
Total					

Counsel's Claim

If the number of counsel claiming is more than one, please confirm the amount due to each and provide fee notes or copies of Counsel's claims.

Account number					
Amount					

Your Claim and VAT

	NET	VAT	For Office Use Only
Profit costs			
Disbursements			
Total			

Costs Assessed by the Court

Your Claim and VAT

	NET	VAT	For Office Use Only
Profit costs			
Disbursements			
Cost of detailed assessment			
Total			

Counsel's Claim

If the number of counsel claiming is more than one, please confirm the amount due to each and provide fee notes or copies of Counsel's claims.

Account number					
Amount					

No of counsel claiming	Total counsel's fees	VAT counsel's fees	Total counsel's claim	For Office Use Only

Certification

I certify, on behalf of the payee, that the information provided is correct. This work has not been and will not be the subject of any other claim for remuneration from the CLS fund.

If costs are to be assessed by the Legal Services Commission I certify that, where the assisted person/client has a financial interest, a copy of the bill has been provided to the assisted person/client with an explanation of their rights and that either 21 days have passed since the copy was so provided or the assisted person/client has confirmed in writing (copy attached) that s/he will not be making any representations in relation to the bill.

If costs were assessed by the court I certify that a copy of the bill has been provided to the assisted person/client pursuant to the regulations with an explanation of their financial interest in the assessment and the steps which can be taken to safeguard that interest. They have not requested that the authorised court officer be informed of their interest and have not requested that notice of the assessment appointment be sent to them.

Signed: _____ Date: ____/____/____

(Authorised Litigator. The solicitor or litigator instructed must have a valid practising certificate. The LSC will not pay for any work done during any period in which the solicitor does not have a practising certificate.)

Name: _____

Panel Membership Declaration

I declare that I am a member of:

- | | |
|--|--------------------------|
| | Please tick |
| i) The Solicitors Family Law Association specialist accreditation Scheme, The Law Society's Family Law Panel - Advanced or | <input type="checkbox"/> |
| ii) in relation to work done under a certificate which includes proceedings relating to children, the Law Society's Children Act Panel | <input type="checkbox"/> |

Signed: _____ Date: ____/____/____
(Panel Member Solicitor)

Name: _____

Signed: _____ Date: ____/____/____
(Panel Member Solicitor)

Name: _____

All Panel Members must sign the declaration. If there is not enough space, please copy the page, sign and attach to the claim.

Debtor's details

4 The last known address of debtor is required

4 If all damages or property have been recovered, completion of this section is unnecessary.

Title: _____ Initials: _____ Surname or Organisation: _____

First name: _____ Date of Birth: ____/____/____

National Insurance no: _____

Address: _____

_____ Postcode: _____

Phone (work): _____ Phone (home): _____
Mobile: _____ Fax no: _____

email address: _____

Solicitor's firm name: _____

Is the debtor: Employed Self-employed Unemployed

Job: _____

Employer's name: _____

Employer's address: _____
_____ Postcode: _____

Any assets owned by debtor, e.g. property, shares, Bank/building society accounts, PEPS/ISAs, Bonds (including premium), Gilts, Government stocks, Life policies, Vehicles owned etc.

Debtor's income: £ _____ : _____

Was the debtor legally aided or funded from the CLS fund? Yes No

If yes, give our case reference: _____

Please give any information which would help in recovery of monies.