



Controlled Legal Representation (Imm)

Making a false declaration is an offence. If you are found doing so, you may be prosecuted and asked to repay your costs in full.

Equal Opportunities Monitoring

Please tick the boxes which your client would describe themselves as being:

Ethnic Monitoring

White

- ☐ (a) British
☐ (b) Irish
☐ (c) White Other

Mixed

- ☐ (a) White and Black Caribbean
☐ (b) White and Black African
☐ (c) White and Asian
☐ (d) Mixed Other

Asian or Asian British

- ☐ (a) Indian
☐ (b) Pakistani
☐ (c) Bangladeshi
☐ (d) Asian Other

Black or Black British

- ☐ (a) Black Caribbean
☐ (b) Black African
☐ (c) Black Other

☐ Chinese

☐ Other

☐ Prefer not to say

Disability Monitoring

The Disability Discrimination Act defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on a persons ability to carry out normal day-to-day activities. If a client considers himself or herself to have a disability please select the most appropriate definition. If the client has multiple disabilities please select the definition that reflects the predominant disability.

Definitions:

- | | | | |
|--------------------------------|--------------------------|---|--------------------------|
| Not Considered Disabled | <input type="checkbox"/> | Cognitive Impairment | <input type="checkbox"/> |
| Physical Impairment | <input type="checkbox"/> | Long-Standing Illness Or Health Condition | <input type="checkbox"/> |
| Sensory Impairment | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Mental Health Condition | <input type="checkbox"/> | Unknown | <input type="checkbox"/> |
| Learning Disability/Difficulty | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

4 Completion of this section is voluntary. This will be treated in the strictest confidence and will be used purely for statistical monitoring and research.

Your client's details

Title: _____ Initials: _____ UCN: _____
 Surname: _____
 First name: _____
 Surname at birth: _____
 (if different)
 Date of birth: ____ / ____ / ____ National Insurance no: | | | | | | | | | |
 Sex: ☐ Male ☐ Female ☐ Prefer not to say
 Marital status: ☐ Single ☐ Married/Cohabiting ☐ Married but separated
☐ Divorced ☐ Civil Partner ☐ Widowed
 Place of birth: _____ Job: _____
 (town)
 Current address: _____

 _____ Postcode: _____

Provider Details

4 Only complete when submitting a copy of this page with an application to the LSC.

Please complete in Block Capitals

Name of provider: _____

Address of provider: _____

Postcode: _____

DX (with exchange): _____

Telephone number: _____

Contract number: _____

Financial Eligibility

The client is directly or indirectly in receipt of Income Support, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance or Guarantee Credit.

Yes ☐

No ☐

The client is directly or indirectly in receipt of NASS payment (**Immigration and Asylum category work only**)*

Yes ☐

No ☐

If the client receives Income Support, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance, Guarantee Credit or NASS payments (*see above) go directly to Evidence Section on page 3. For all other clients parts A and B must be completed.

Does the client have a partner whose means are to be aggregated?

☐ Yes Please complete PARTS A and B providing details of both client's and partner's means.

☐ No Please complete PARTS A and B providing details of client's means only.

Part A Capital

Capital includes:

4 Equity in any property (after allowing up to £100,000 for mortgage(s) outstanding, and equity disregard of £100,000 for main dwelling only)

4 Savings (*bank, building society, etc*)

4 Investments (*including shares and insurance policies*)

4 Valuable items (*eg boat, caravan, jewellery, etc*)

4 Other capital (*including money due to the client*)

TOTAL CAPITAL

Capital excludes:

4 Subject matter of dispute

4 Household furniture and effects (unless exceptional value)

4 Clothes, Tools of trade

TOTAL CAPITAL (Client and Partner)

Client

Partner

£ _____ £ _____

£ _____ £ _____

£ _____ £ _____

£ _____ £ _____

£ _____ £ _____

£ _____ £ _____

£ _____

Part B Income

4 *Use monthly figures*
(if paid weekly, multiply by 52 & divide by 12)
(if paid four weekly, multiply by 13 & divide by 12)

Income includes:

4 Gross monthly earnings

4 Other income

(including child benefit, pensions, maintenance, dividends, tax credits, benefits in kind, etc)

TOTAL GROSS INCOME

TOTAL GROSS INCOME (Client and Partner)

£ _____ £ _____

£ _____ £ _____

£ _____ £ _____

£ _____

	Client	Partner
TOTAL GROSS INCOME (brought forward)	£ _____	£ _____
Less monthly allowances:		
4 Housing costs, including:		
Mortgage instalment* (capped if client has no dependants)	£ _____	£ _____
Rent* (capped if client has no dependants)	£ _____	£ _____
* amounts should be net of housing benefit		
4 Dependants' allowances:		
Partner	£ _____	
Dependants' Aged 15 and under	£ _____	
Aged 16 or over	£ _____	
4 Tax and National Insurance	£ _____	£ _____
4 Standard allowance for employment expenses	£ _____	£ _____
4 Maintenance payments actually being made (eg for children and/or a former/separated spouse)	£ _____	£ _____
4 Childcare costs because of work	£ _____	
TOTAL ALLOWANCES	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME	£ _____	£ _____
TOTAL MONTHLY DISPOSABLE INCOME (Client and Partner)	£ _____	

Evidence

Evidence given in support of means Yes ☐ No ☐

If no please record justification or exceptional circumstance.

Case details and merits criteria

For all providers to complete

There should be only one grant of CLR per matter. The merits test (but not the means test) should be reviewed at each stage of the appeal. You should use photocopies of this page as necessary and attach them to the form.

1. Has your client received Controlled Legal Representation from another contracted provider? If so, provide justification for transfer in accordance with Rules 3.51 - 3.57 of the Standard Civil Contract - Specification.

2. Give a brief description of the case and the issues involved.

3. What are the prospects of this appeal being successful? Give brief reasons with reference to your client's case.

4. Do the likely benefits to be gained from the proceedings justify the likely costs?

Case details and merits criteria For applications to the LSC only

Please answer the following:

1. What is your client's nationality?
2. Please confirm the date of arrival in the UK _____ / _____ / _____
3. Please confirm the date of the asylum claim or immigration application _____ / _____ / _____
4. Please confirm the date of the Human Rights claim (if different) _____ / _____ / _____
5. Has this case been certified as clearly unfounded at any time? Yes ☐ No ☐
6. Has your client previously been refused CLR by another provider?* Yes ☐ No ☐
7. Has your client previously been refused CLR by the LSC?* Yes ☐ No ☐
8. Does this application for CLR relate to a second or subsequent asylum claim or immigration application?* Yes ☐ No ☐

If so, please fully explain how this application differs

9. Does this application for CLR relate to a second or subsequent Human Rights claim?* Yes ☐ No ☐

If so, please fully explain how this application differs

10. For asylum claims, please confirm the following:

a) 1951 Convention Ground(s)

b) Why IFA is not available in the country of origin

c) Why protection is not available in the country of origin

d) Why the claim is well-founded with reference to objective evidence

11. For Human Right claims, please confirm the following:

a) 1950 Convention Article(s)

Case details and merits criteria continued

b) Why the decision is in breach of the Convention with reference to current case law

12. For non-asylum applications, please confirm the following:

a) Immigration Rule (HC 395 as amended)

b) Concessionary policy

13. For bail applications, please confirm the following:

a) Date of detention

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b) Reasons for detention

c) If this is a second or subsequent application for bail*, how this application differs

14. Please explain any other circumstances for the grant of CLR and why you believe this case satisfies the CLR merits test.

***All previous negative decisions (including judgments of any court) must be enclosed with this application**

Data Protection Act - access to personal data

The personal data provided by you will be processed in accordance with the principles of the Data Protection Act 1998 and for the purposes of the Legal Services Commission's functions under the Access to Justice Act 1999. You have the right to make a formal request in writing for access to personal data held about you to inspect it and have it corrected if it is wrong. The Legal Services Commission may receive information about you from certain third parties, or give information to them; these third parties include some government departments. However, we will not disclose information about you unless the law permits us to.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. Further details explaining how the information held by fraud prevention agencies may be used can be found on the Legal Service Commission website: <http://www.legalservices.gov.uk/civil/forms.asp>

Client's declaration

As far as I know all the information I have given, including information as to my means is true and I have not withheld any relevant information.

I understand that I must tell you immediately if there are any changes in my or my partner's financial circumstances.

I agree that the LSC can contact other parties to obtain information about my or my partner's financial circumstances and I authorise those parties to provide the information they are asked for.

I understand that the LSC may check my income and capital status with Her Majesty's Revenue and Customs (HMRC) and authorise HMRC to carry out such checks as are necessary to verify my financial status and give that information to LSC.

I understand that the LSC may confirm my or my partner's receipt of continuing benefit with the Department of Work and Pensions (DWP). The DWP may carry out such processing as is necessary to check this information remains correct and may inform the LSC of any relevant changes.

I understand that if I give false information the services provided to me may be cancelled and I may be prosecuted.

Signed: _____ Dated: _____

Declaration and Grant

The information contained on this form is true to the best of my information and belief.

I confirm that the circumstances of this case justify the grant of Controlled Legal Representation in accordance with the Contract Specification.

Signed: _____ Dated: _____
 accredited adviser

Print name: _____

Time Spent and Costs

Item	Time Spent
1. Attendance	_____
2. Preparation	_____
3. Advocacy	_____
4. Travel and Waiting	_____
Total:	_____

Item	Number
1. Letters written	_____
2. Phone calls	_____

Total Profit Costs £ _____ Vat £ _____

Disbursements	Amount	Vat
Mileage	£ _____ :	£ _____ :
Other disbursements	£ _____ :	£ _____ :
Total	£ _____ :	£ _____ :
Counsel's fees	£ _____ :	£ _____ :

Dated _____

Note: When calculating profit costs, the time spent on each activity and the letters and telephone calls must be separated out according to the remuneration rate which applied at the time the work was carried out. Please see the Payment Annex of the 2010 Standard Civil Contract for the appropriate rates.

Remember that you may not charge separately for letters in.

The totals for profit costs, disbursements and counsel's fees from this form and the Legal Help and Help at Court Form in connection with this matter should be the same (after adding VAT and after deduction of any payment on account) as those reported by you on the Consolidated Matter Report Form. Where a staged bill has been submitted in an Immigration matter a separate copy of this page should be completed for each stage reported on the CMRF.