

Application for Payment on Account of Fees



SLA/POA/3

REVISED 11/05

IN ACCORDANCE WITH REGULATION 11(1) OF THE CIVIL LEGAL AID (SCOTLAND)(FEES) REGULATIONS 2003 AID TYPE: 30 ACCOUNT TYPE: PAS

REMEMBER

All questions must be completed for your form to be processed.

If there are any questions in this form that are not applicable, please write 'N/A' in the box provided or 'NOT KNOWN' if you do not have

KEY TO SYMBOLS



the answer.

further information or examples on a specific question are provided



you should sign the form here

Please complete this form in CAPITAL LETTERS and in BLACK INK. You should put a cross in the relevant box or write within the white boxed areas as the information you provide will be electronically scanned.				
1	1 Legal aid reference number			
	C I			
_				
2	Applicant's forename			
3	Applicant's surname			
4	Practitioner's code number			
5	Firm's code number			
6	Branch code			
7	Your internal reference number			
8	Nominated solicitor's name			
9	Firm's name			
J	1 IIII 3 Hame			
	ADDRESS			
	POSTCODE			
	DX/LP NO/EXCHANGE			
	TELEPHONE NUMBER			
	FAX NUMBER			
10	Date of grant of legal aid DAY MONTH YEAR			
	DAY MONTH YEAR			
11	What is the total value of your claim (fees only)? £ See Section C or D.			

REMEMBER

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KEY TO SYMBOLS



further information or examples on a specific question are provided



you should sign the form here SECTION B

1 Which reporting stage has been reached

REPORTING STAGE

- Please put a cross in the appropriate box. The initial claim should be submitted at the point where stage 1, 2 or 3 has been reached, whichever is the earlier.
- (1) A proof or debate has been allowed.
- (2) In family cases involving a Child Welfare Hearing, six months after the date of grant of civil legal aid.
- (3) 12 months after the date of grant of civil legal aid where neither (1) nor (2) applies.
- (4) Each subsequent 12 months after the initial claim.

SECTION C

INITIAL CLAIM (FEES ONLY)

- 1 State your initial claim (fees only)
- For schedule 5 cases please provide a note of the total fees incurred at the reporting stage reached. These will be paid at the rate of 75% of the fees claimed. For schedule 6 cases a note of the date and completed block fee is all that is required. (For example, 1/11/03 Fee 1(B) 20 units £380.00). If necessary, use Section E More Information, providing all details as requested here.

DATE AND FEE DESCRIPTION

UNITS

£
£
£
TOTAL

XA

Answer continued at Section E, More Information.

SECTION D

SUBSEQUENT CLAIM (FEES ONLY)

- For guidance, refer to the information provided at section C question 1.
- 1 Please provide details of the stage the proceedings have reached.
- For example closed record, proof diet etc.
- 2 State your subsequent claim (fees only)
- The fraction is a section E More Information, providing all details as requested here.

DATE AND FEE DESCRIPTION

UNITS

£

£

£

£

£

£

TOTAL

X

Answer continued at Section E, More Information.

SECTION E	MORE INFORMATION	REMEMBER
If you are continuing Do not use a separ		All questions must be completed for your form to be processed.
SECTION QUESTION INFORMA		If there are any questions in this form that are not applicable, please write 'N/A' in the box provided or 'NOT KNOWN' if you do not have
坩		thé answer.
ш		KEY TO SYMBOLS
FF		further information or examples on a specific question are provided
##		you should sign the form here
SECTION F	DECLARATION OF CLAIM AND CERTIFICATE	
I claim a payment 2 above. I certify th and I confirm that Regulations 2003. All fees incurred in		
FOR OFFICIAL USE FEES CLAIMED	FEES PAYABLE	
Payment Autho	prised	
Date DAY MONT	H YEAR	

You should now:

① Send the completed form to the address below. No covering letter is required.

Accounts Registration Section Accounts Assessment Department Scottish Legal Aid Board

- Thistle House
 91 Haymarket Terrace
 Edinburgh EH12 5HE
- DX ED555250 EDINBURGH30
- LP2 EDINBURGH7