



**REMEMBER**

**SECTION B**

**REPORTING STAGE**

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 the answer.

**KEY TO SYMBOLS**



further information or examples on a specific question are provided



you should sign the form here

**1 Which reporting stage has been reached**

**i** 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)**

**i** 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	CLAIM (EXC. VAT)
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		TOTAL
		£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Answer continued at Section E, More Information.

**SECTION D**

**SUBSEQUENT CLAIM (FEES ONLY)**

**i** For guidance, refer to the information provided at section C question 1.

**1 Please provide details of the stage the proceedings have reached.**

**i** For example closed record, proof diet etc.

**2 State your subsequent claim (fees only)**

**i** If necessary, use Section E – More Information, providing all details as requested here.

DATE AND FEE DESCRIPTION	UNITS	CLAIM (EXC. VAT)
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		£ <input type="text"/> <input type="text"/> <input type="text"/>
		TOTAL
		£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Answer continued at Section E, More Information.



You should now:

 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

