

## Claim for representation in contempt proceedings

Title:	_ Initials: Surname:
First name	: Date of birth:/
Marital sta	tus: Single Married/Cohabiting Divorced Prefer not to say
	Separated Civil Partner Widowed
	_/ to:/ date(s) of hearing:
in contem	ot of court proceedings before the
4 give	name of court
to section Offenders	named person was granted representation pursuant 14(g) of the Legal Aid Sentencing and Punishment of Act 2012 or regulation 9(v) of the Criminal Legal Aid Regulations 2013.
Acting	solicitor's details
Legal Aid	Provider number:
Name of f	rm:
Name of a	cting solicitor:
4 The Leg	g solicitor must have a valid practising certificate.  Il Aid Agency cannot pay for any work done during any period in which the acting loes not have a practising certificate.
Solicitor's	eference:
Contact n	me for enquiries:
Couns	el's details
OGUII	Provider number:
Legal Aid Phone:	reference:

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Standard	d fee claim	_			
Number of days of appearance (if more than one day is claimed):			Cost solicitor	Cost counsel �:p	
Total standard fee(					
	Total standard for				
Non star	ndard fee claim				
4 Please give	details of work done, time spent and cos	t in the boxes	s provided below		
4 Please give	details of the exceptional circumstances and attach	of the case w	hich you feel wa		
	<u>'</u>			Coot coursel	
Date dd/mm/yy	Details of work done	Time spent hrs:mins	Cost solicitor	Cost counsel �:p	
	Sub-total - work done				
	Total disbursements				
	Total VAT				
	Total non-standard fee claimed				
D. (-1) - (-1)					
Details of disbursements (if car, state mileage):					
Certification					

I certify on behalf of the payee that the information provided is correct and I claim the above on behalf of the payee and, if applicable, counsel.

Signed:		Date:
- <b>J</b>	(Solicitor)	

Phone number: \_\_\_\_\_

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