



Legal Aid  
Agency

# Application for Exceptional Case Funding

This form should be supplemented by the appropriate application forms. These include both the [means form](#) and the [merits form](#) or [controlled work application forms](#).

Urgent application? Yes  No   
Complete page 6.

If you are applying for exceptional funding for your case please complete pages 1,2 and 4 to7.  
If you are applying for Legal Help to investigate the possibility of a further legal aid application for exceptional funding please complete pages 1 to 3 and 7 only.

Prior to Completing this application you should refer to the Lord Chancellor's Exceptional Funding Guidance. Applications for Exceptional Case Funding must be sent to the Exceptional Case Funding Team, 8.51, 8th Floor, 102 Petty France, London, SW1H 9AJ. DX161440 Westminster 8 or submitted by e-mail.

**For an exceptional case determination the overarching question to consider is whether the withholding of legal aid would mean that the applicant is unable to present his/her case effectively and without obvious unfairness.**

## Applicant details

Please complete in Block Capitals

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Surname at birth (If different): \_\_\_\_\_

Date of Birth and contact details: \_\_\_\_\_

## Provider details \*Not Required for direct applicants.

Name of provider: \_\_\_\_\_

Account number: (if appropriate)

\*Solicitors Roll number: (where applicable)

\*Address: \_\_\_\_\_

\*Town: \_\_\_\_\_

\*County: \_\_\_\_\_ Postcode: \_\_\_\_\_

\*DX (with exchange): \_\_\_\_\_

\*Telephone number: \_\_\_\_\_

\*Your case reference: \_\_\_\_\_

\*Contact name for enquiries: \_\_\_\_\_

\*Email details: \_\_\_\_\_

## **Type of case**

Complete this section if either:

1. You are applying for Controlled Work services.
2. You have not completed type of case details on page 5 of CIVAPP1 or page 3 of CIVAPP3 or
3. The type of case is not listed on CIVAPP1 or CIVAPP3.

What category of law/contract category is relevant to the case?

## **Providers - Categories of Law for which Legal Aid Contracts are tendered.**

Does your office have a contract that allows you to do Legal Aid work in this Category of law at the Form of Service for which you are applying?

If you are not a contract holder in the required category of law stated above, please explain why it is necessary for the effective administration of justice for you to conduct the matter pursuant to regulation 31(5) (a) -(d) of the Civil Legal Aid (Procedure ) Regulations 2012:



## **Additional Information**

4 Please provide the following additional information about the case that is not already in the attached legal aid forms.

1. Please provide us with brief details about the case if they are not already in the other forms/documents that you are supplying.

2. How important are the issues in the case for you/your client?

3. How complex are the proceedings, the area of law and the facts/evidence in the case?

## **Additional Information continued**

4. For **direct applicants** - How capable are you of representing your case effectively?  
For **Providers** - How capable is your client of representing his/her case effectively?
- 4 Please provide information on what you/your client must do to present the case. You may also include information about your/your client's education or relevant skills/experience and any relevant disability or capacity issues (attaching a copy of any incapacity certificate where available).

5. Any additional information that is relevant to the determination:

## Urgent Case Details

4 Please complete this section if there is urgency in the case. We will use this section to prioritise exceptional case funding applications. We will tell you the timescale for the decision.

1. Is there an imminent date for:

a) an injunction or other emergency proceedings?

Yes

No

If yes, enter date of hearing \_\_\_ / \_\_\_ / \_\_\_

b) a hearing in existing proceedings?

Yes

No

If yes, enter date of hearing \_\_\_ / \_\_\_ / \_\_\_

c) a limitation period that is about to expire?

Yes

No

If yes, enter date of hearing \_\_\_ / \_\_\_ / \_\_\_

2. Would a delay cause risk to the life, liberty, or physical safety of you/your client or family, or the roof over their heads or cause unreasonable hardship or irretrievable problems in handling the case?

Yes

No

Please provide any further relevant information as to how the urgent situation has arisen that is not evident from the other information provided and why you consider that exceptional funding is necessary to deal with the urgent work.

