

## CRM4 : Application for Prior Authority to Incur Disbursements in Criminal Cases

USN \_\_\_\_\_

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Region \_\_\_\_\_

Office \_\_\_\_\_

**Applications for prior authority can not be less than £100.00 (exclusive of VAT)**

**For guidance relating to Prior Authorities please see the Crime Contract**

**For guidance relating to Prior Authorities please see Section 4 of the Criminal Bills Assessment Manual**

Is the total authority for which (none selected)  
you are applying more than or  
equal to £100?

Is your application in relation to a Post Mortem examination?

\_\_\_\_\_

### Firm's Details

URN \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address / DX \_\_\_\_\_

Provider Number \_\_\_\_\_

Account No. \_\_\_\_\_

Tel. No \_\_\_\_\_

Contact Name \_\_\_\_\_

### Solicitor's Details

Name of Solicitor or Fellow of  
the Institute of Legal  
Executives instructed

Solicitor's reference \_\_\_\_\_

### Client's Details

Is this a Prison Law matter? \_\_\_\_\_

Rep order no. \_\_\_\_\_ Date of Rep  
/ case no. \_\_\_\_\_ order \_\_\_\_\_

UFN \_\_\_\_\_ MAAT number \_\_\_\_\_

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Date Of Birth \_\_\_\_\_

## Details of Proceedings

Is Your Client Detained? \_\_\_\_\_

Court Type \_\_\_\_\_

Main Offence \_\_\_\_\_

Likely or Actual Plea \_\_\_\_\_

Date of Next Hearing \_\_\_\_\_

## POCA

Is this case subject to POCA? \_\_\_\_\_

## Expenditure Details

Type of Expenditure  
(e.g. Medical Report)

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Have you already been granted Prior Authority for this case under the same category of expenditure?

Name of Expert

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Company Name

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Type / Status of Expert

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Postcode of Expert

Please enter the district section of the postcode. For example, if the postcode is E1 1AA, enter E1

## Additional Expenditure

Description	Justification	Quantity	Rate	Total

### Travel

No. of Hours

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Hourly Rate

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Total Cost of Travel

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### Authority

Total Authority

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☐ I certify that the total amount disclosed for this authority (including both preparation and travel rates) is exclusive of VAT

☐ I certify that the total amount disclosed for this authority (including both preparation and travel rates) does not include any travel expenditure that is not included within the hourly rate (such as mileage, parking, travel fares etc.)

### Alternative Quotes

Have you obtained any  
alternative quotes?

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## Prior Authority Details

- You will need to establish that the steps are necessary for the proper conduct of the proceedings and that the amount to be incurred is reasonable.

Tell us what authority you are seeking and why it is required. If you wish to obtain a medical report, state whether as to fitness to plead and/or plea and/or disposal.

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Give a brief summary of the prosecution case. You may attach the copy advance disclosure or extracts.

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Give a summary of the defence or mitigation. Attach a copy of your client's statement and details of any previous convictions, if available.

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## Details of Application to Instruct QC Without a Junior

(But not as an appeal against a court's refusal to assign a QC in a case)

Please give details of and reasons for the application

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## Additional Information

Please include any additional information pertinent to this submission or use to complete entries where there wasn't sufficient room for your answer. (Please show clearly what these details relate to on the form).

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## Solicitor's Certification

☐ I certify that the information provided is correct.

Signed:

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Name

\_\_\_\_\_

Date

\_\_\_\_\_

**Important:** *When the form is ready for submission to the Legal Aid Agency, please click Send To Next Stage*

Decision \_\_\_\_\_

Additional Expenditure

Description	Justification	Quantity	Rate	Total	Allowed Qty	Allowed Rate	Total

Travel

No. of Hours

Hourly Rate

Total Cost of Travel

No. of Hours

Allowed Hourly Rate

Total Cost of Travel

Related Submissions

There are no related submissions