

**PROTECT- PERSONAL INFORMATION**

# Tailored Fixed Fee - Annual Claim Adjustment Pack 2008-2009

This pack can be used by providers in both the Voluntary and Mandatory Tailored Fixed Fee schemes. For firms in the voluntary scheme, these forms apply to all TFF cases claimed since 1 April 2008 to 31 March 2009 (e.g. all TFF claims except forensic MH cases, fairs family cases, Immigration cases, and where you may have opted out of the TFF scheme for Mental Health or cases paid a fixed fee since 1st October 2007, or a mental health fixed fee since 1st January 2008).

For firms in the mandatory scheme, these forms apply only to cases started and claimed since 1 April 2005 that are TFF claims.

The pack covers amendments to claims as described in 'A Tailored Fixed Fee Scheme for Civil (Non-Immigration) Controlled Work' Guidance issued in February 2006.

This pack can be used for **any or all** of the following :-

- FORM A** Making an application for exceptional payments for TFF Exceptional Cases (see General Civil Contract amended schedule Section C paragraph 11)
- FORM B** Making an application for exceptional payments for additional disbursements under TFF scheme (See GCC amended schedule Section C paragraph 12)
- FORM C** Reporting cases where the amount recovered or retained under the Statutory Charge or paid by the other side for Controlled Work is less than the fixed fee, and you have reported the difference on the CMRF submitted (see GCC amended schedule Annex C Paragraph 10)
- FORM D** **ONLY FOR FIRMS WITH A HOUSING CONTRACT** - making a claim for the additional payment due to the change in remuneration rates for certain types of housing work which came into effect on 30 November 2004.
- FORM E** **ONLY FOR FIRMS WITH AN SQM/PROVISIONAL SQM IN HOUSING** - making a claim for the actual costs of cases as described in General Civil Contract Specification 11.3. (Advocacy assistance for ASBO cases in magistrates'/Crown Court).

Claim adjustments will be considered at the end of the schedule period, when all claims in the schedule have been submitted (i.e. on or after the CMRF for March claims is submitted).

Submissions must be made **no later than 8th May 2009** to cover claims for the previous schedule.

Please tick below which forms you have enclosed and attach them to this cover sheet.

**Please send your submissions to the TFF unit, Midlands Regional Office (Nottingham) DX 10035, Nottingham**

**Your Details:**

Name of Firm: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 DX Number: \_\_\_\_\_ Town: \_\_\_\_\_

**Please state which forms you have enclosed:**

<b>FORM A</b> - Exceptional Cases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Additional relevant information enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>FORM B</b> - Disbursements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Additional relevant information enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>FORM C</b> - Statutory Charge	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Additional relevant information enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>FORM D</b> - Housing Uplift	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Additional relevant information enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>FORM E</b> - ASBO Cases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Additional relevant information enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I confirm the information enclosed on the forms is accurate. Signed for on behalf of your organisation by:

Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Partner / Principle / Director / Other [please state]

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_







## FORM D -

## Housing Uplift Reporting for suppliers holding a housing contract

Regulations came into effect on 30th November 2004 which authorised an increase in remuneration rates for certain types of housing work. The work is:

- \* Legal Help on a review carried out by the local authority under Section 202 of the Housing Act 1996. These are written reviews and the increased rate will apply to those cases where the application for review is actually made.
  
- \* Legal Help and Help at Court provided to a defendant to a possession summons.

Please note that:

- \* To claim the uplift suppliers must have a category specific Housing Contract (rather than undertake housing work as tolerance work, or hold the SQM without a specific contract).
  
- \* The increased rates are those currently payable for Controlled Legal Representation (CLR) except that the advocacy rate for CLR will not apply.
  
- \* The new rates will apply to relevant work carried out from 30th November 2004

TFF rates for Housing cases do not currently reflect the changes above. An additional claim should therefore be made.

There are two options as to how the additional claim can be made. Only one option can be selected and this will apply to all claims.

For suppliers in the **Voluntary Scheme ONLY:**

If you select Option 1 and the case started before 30th November 2004 and continued on or beyond 30th November then we will pay 50% of the fixed uplift.

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**FORM D (ctd)**

**Housing Uplift Reporting for suppliers holding a housing contract (ctd)**

**Option 1 - Claiming a fixed top up fee for all TFF claimed cases that include relevant work from on or after 30th November 2004 and claimed between 1 April 2008 and 31 March 2009.**

(cases that began before 30th November 2004 but include relevant work thereafter will be paid 50% of the fixed top up fee).

To select this option, please complete the table below

Provider name \_\_\_\_\_ Account no. \_\_\_\_\_

Client Name	Date case started	Month billed	Type of case*	Value of claim submitted on CMRF

\* state whether possession or S202 reviews

**Option 2 - Claiming the actual difference in costs between the costs at the old and new rates for all relevant work carried out on or after 30th November 2004, on a case by case basis for TFF cases claimed between 1 April 2008 and 31 March 2009.**

To select this option, please complete the table below

Client Name	Month billed	Type of case*	Case costs at old rates	Case costs at new rates	Difference
<b>TOTAL</b>					

\* state whether possession or S202 reviews

Continue on a separate sheet if necessary.

