

## Application for Extension to Statutory Time Limits or Consideration of Exceptional Circumstances

**All parts of this form must be completed or marked not applicable and all relevant documentation attached and submitted as supporting documents to your request.**

This form must be used when seeking the prior authority of the Agency to extend the statutory time limits when submitting a request for payment in a case.

This form should, where possible, be completed prior to exceeding the statutory time limit and only where there is 'good reason' or 'exceptional circumstances' for doing so.

If the 'good reason' is not accepted by the Agency, you will be contacted to submit details of any 'exceptional circumstances' that should be taken into account by the Agency when considering any deductions.

**Please note that this form and any related LAMS request may only be submitted by the instructing solicitor.**

### Applicant Details

<b>Legal Aid Reference Number(s) (if available)</b>		<b>Applicant Full Name:</b>	
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### Solicitor Details

<b>Solicitor Full Name:</b>		<b>Solicitor Telephone Number:</b>	
<b>Full Name of Firm:</b>		<b>Solicitor Email Address:</b>	
<b>Firm Address including postcode:</b>			

## Case Details

<p>Provide full details of the 'good reason' why an extension to the statutory time limits is required.</p> <p><b>NB – The request will not be processed if the full details have not been provided.</b></p>			
<p>Please provide the anticipated date (Month/Year) for submission of your claim:</p>		<p>Please provide the full date (DD/MM/YYYY) the proceedings under this certificate concluded:</p>	
<p>Provide full details of the 'exceptional circumstances' why an extension to the statutory time limits is required. (Only complete this if you are requested to by the Agency). If you request an oral hearing, please indicate in this box.</p> <p><b>NB – The request will not be processed if the full details have not been provided.</b></p>			

## Solicitor declaration

<p><b>Declaration</b></p> <p>I certify that the information contained within this application is true and accurate to the best of my knowledge and belief. I certify that this is a full and accurate description of the additional time outside of the statutory limits that will be required in this matter.</p>
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Signature:  Date:

Print name:

**Please note that this form must be uploaded in its entirety to LAMS as a supporting document when submitting your request for payment. Failure to do so will result in the automatic rejection of your request if your request for payment falls outside the statutory time limits.**

Access to Personal Data - Data Protection Act 1998 – [LSANI - Privacy Notice](#).