

# Scotland's Redress Scheme

## Prior approval for additional legal fees - request for review form

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## Your details

Q1 | First name

Q2 | Last name

Q3 | Your legal firm

Q4 | Work address

Q5 | Telephone number

Q6 | Email

Q7 | Would you like to receive communications in any of the following formats (please select)

BSL video call

Braille

Large print

Audio file

## Your client's details

Please provide the details for the client who engaged you to help with their application for Scotland's Redress Scheme.

**Q8 | Your client's first name**

**Q9 | Your client's last name**

**Q10 | Your client's date of birth**

Day

Month

Year

## Additional work request to be reviewed

The guidance for requesting additional fees is set out in paragraphs 30-37 of the [Payment of Legal Fees guidance](#). The fee schedule is set out in Annex A of the [Payment of Legal Fees guidance](#) and the schedule of the [reconsideration and reviews regulations](#).

Q11 | Redress Scotland decision letter reference number:

Q12 | Which part(s) of the assessment do you disagree with? Please state your reasons why.

## Additional work request to be reviewed continued

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Q13 | Would you like the panel to consider any information/documents that were not included in your original application?

Please detail all new information/documents provided.

## Declaration

I confirm that the details and information I have given in this form are true and accurate to the best of my knowledge and belief.

I confirm that this request relates wholly to the work to be undertaken on behalf of the named client.

I confirm that any documents I have provided are genuine and any copy is a true copy of the original. I understand that if I provide a document which is not genuine, I may be subject to court proceedings.

I understand that if I give false or misleading information I may:

- be subject to court proceedings
- have to re-pay any money I was not entitled to

I confirm I have read and understood the Privacy Notice for Scotland's Redress Scheme which explains how the information I provide will be lawfully used and stored.

**Your signature**

**Date**

**Day**

**Month**

**Year**

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## Submitting your form

Once you have completed and signed your form you can submit it. Your completed form will be sent to Redress Scotland for review.

You can choose whether to submit your form by post or email.

### If your client is a survivor

#### By post

Please submit your completed request form to:

Redress  
PO Box 24209  
EDINBURGH  
EH7 9GT

#### By email

Please submit your completed request form to:

[apply@redress-scheme.scot](mailto:apply@redress-scheme.scot)

If you have any questions, you can also contact a case worker:

- **Telephone:** 0808 175 0808 (freephone)
- **International:** +44 131 297 6500

Lines are open Monday to Thursday, from 10am to 4pm (except Scottish public holidays). There is an answering machine at other times, and if you leave a message a case worker will get back to you as soon as they can

### If your client is a next of kin

#### By post

Please submit your completed request form to:

Redress  
PO Box 24210  
EDINBURGH  
EH7 9GT

#### By email

Please submit your completed request form to:

[nextofkinteam@gov.scot](mailto:nextofkinteam@gov.scot)

If you have any questions, you can also contact a case worker:

- **Telephone:** 0808 281 7777(freephone)
- **International:** + 44 131 244 2542

Lines are open Monday to Thursday, from 10am to 4pm (except Scottish public holidays). There is an answering machine at other times, and if you leave a message a case worker will get back to you as soon as they can.