



## HMCTS Appointed Intermediary Services Assessment and conference booking

This booking form is used for:

- Section A**  
**Commissioning Body** to request the services of a HMCTS Appointed Intermediary to carry out an initial assessment of a Service User or to request support at a conference.
- Section B**  
**HMCTS Appointed Intermediary Service Provider (HAIS)** to include an booking reference number and case number, to confirm or reject the booking and to provide a quotation.
- Section C**  
**Commissioning Body** to confirm the type of funding.
- Section D**  
**HMCTS Venues** to approve or reject the Service Provider's quotation.
- Section E**  
**HAIS Service Provider** to confirm the name of the assigned intermediary.

### If you need help

Refer to the relevant supporting HMCTS Appointed Intermediary Services (HAIS) guidance:

#### Commissioning Body Guidance

[www.gov.uk/guidance/hmcts-intermediary-services](http://www.gov.uk/guidance/hmcts-intermediary-services)

#### HMCTS Staff Guidance

[www.intranet.justice.gov.uk/about-hmcts/operations-directorate/contracted-services-and-performance-management/intermediary-services](http://www.intranet.justice.gov.uk/about-hmcts/operations-directorate/contracted-services-and-performance-management/intermediary-services)

### Service Provider to complete

Booking reference number

Case number

Name of attending intermediary

#### Notes

Complete by the Service Provider when filling in **Section B**.

Complete by the Service Provider when filling in **Section B**.

Complete by the Service Provider when filling in **Section E**.

Name of attending intermediary needs to be provided no later than midday the working day before the assessment or conference.

## Section A – Commissioning Body to complete

### 1. Commissioning Body details

#### 1.1 Details of Commissioning Body

First name

Last name

Solicitor office or court/tribunal name

Job Title

#### 1.2 Contact details

Phone number

Mobile number (optional)

Email address

### 2. Case details

#### 2.1 Details of Service User

First name

Last name

Age

Case number

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#### Notes

If you are completing this form by hand use CAPITAL LETTERS and black ink.

##### **Note 1.1**

Add details of the solicitor or HMCTS staff.

##### **Note 2.1**

Service User is the person receiving intermediary services.

## 2.2 Jurisdiction

Crime

Family

Civil

Tribunal

### Note 2.2

Choose only one option.

## 2.3 Name of court or tribunal

## 2.4 Future hearing dates (optional)

## 3. Booking details

### 3.1 Booking type

Conference

Assessment

### 3.2 Date of service

Day

Month

Year

### 3.3 Duration of conference(in hours)

### 3.4 Conference location if different from HMCTS venue

### 3.5 Special requirements

Provide details of any known special requirements

### Note 3.5

For example: specific gender request, inability to travel, requirements for an interpreter or British Sign Language needs.

## 4. Reasons for referring Service User

### 4.1 Select reason below

Age related request

Anxiety and/or depression

Attention deficit hyperactivity disorder (ADHD)

Autistic spectrum disorder (including Asperger's)

Bi-polar affective disorder

Brain or head injury (including stroke)

Cerebral palsy

Dementia

Dis-fluency (stammering/stuttering)

Learning disability

Neurological and progressive disorders (MS, MND)

Obsessive compulsive disorder (OCD)

Post-traumatic stress disorder (PTSD)

Personality disorder

Unclear speech

Voice disorders including laryngectomy and tracheotomy

Other

### Note to Section 4

Provide details of the Service User's vulnerabilities for assessments if known.

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## Next Steps



- After completing **Section A**, save the form and email as an attachment to the Service Provider.

## Section B – HAIS Service Provider to complete

### 1. Service Provider details

#### 1.1 Name of Service Provider

#### 1.2 Contact details

Phone number

Mobile number (optional)

Email address

### 2. Booking confirmation

#### 2.1 Are you able to fulfil this booking?

Yes

No

#### 2.2 Reason for rejection

Insufficient capacity

Short notice

Specialism not covered

Other

#### **Note 2.2**

If you are rejecting the booking, provide an explanation.

Then return the form to **the Commissioning Body.**

### 3. Quotation

#### 3.1 Is the quotation attached separately?

Yes, I enclose the quotation as a separate document

No, I provide details in the quotation table

#### **Note 3.1**

If you are agree to fulfil this booking add the details of the quotation using this form or provide it separately.

Quotation table description	Quantity (estimated number of hours)	Unit Price	Total
Reading and preparation			
Assessment or conference service			
Report writing			
Administration Charge (MASPs* only)			
Travel time (ASPs* only)			
Travel and subsistence (ASPs* only)			
Other costs			
<b>Total cost</b>			

\*MASP – Managed and Approved Service Provider

\*ASP – Approved Service Provider

## Next Steps



- Complete the reference numbers at the top of the form on page 1.



- After completing **Section B**, save the form and **email** as an attachment to **the Commissioning Body**.



- Attach the quote if provided separately.

## Section C – Commissioning Body to complete

### 1. Funding type

#### 1.1 Select the funding organisation for the assessment

HM Courts & Tribunals Service (HMCTS)

Legal Aid Agency (LAA)

#### 1.2 Legal Aid Agency funding details

Unique Submission Number (USN)

Means Assessment Admin Tool (MAAT) Reference Number

Representation Order Number

#### Note 1.2

This section is only for the bookings funded by the Legal Aid Agency.

The USN number can be located on the prior authority approval document.

If the USN is not available please provide the Representation order number and MAAT number.

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## Next Steps



- **If HMCTS is funding the booking**  
email the form to the Venue where the hearing will take place to approve funding.



- **If LAA is funding the booking**  
do not email the form to the LAA. Submit a request for Prior Authority. When Prior Authority funding has been granted, email this form and the proof of prior authority approval to the Service Provider.
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# Section D – HM Courts & Tribunals Service (HMCTS) to Complete

**Note to Section D**  
Only complete this section if HMCTS is funding the booking.

## 1. HMCTS Details

### 1.1 Details of HMCTS approver

First name

Last name

Job Title

### 1.2 Contact details

Phone number

Email address

## 2. Quotation acceptance

### 2.1 Do you accept this quotation?

Yes

No

### 2.2 Reason for rejection

#### **Note 2.2**

If you are rejecting the quotation, provide an explanation.

Then return the form to **the Service Provider**, copying **the Commissioning Body**.

### 2.3 Date of approval/rejection

Day

Month

Year

### 2.4 Purchase Order (ASP only)

#### **Note 2.4**

This section is for Approved Service Providers (ASP) only. For further details on how to apply for a purchase order please refer to staff guidance.

### 2.5 Court or Tribunal Cost Centre Code



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## Next Steps



- After completing **Section D**, save the form and **email** as an attachment to **Service Provider**, copying in the **Commissioning Body**.

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## Section E – HAIS Service Provider to complete

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### Next Steps



- If the name of the intermediary has already been provided, the application is complete and no further action is required.



- Provide the name of the assigned intermediary at the top of the form on page 1.



- After completing this application, save the form and **email** as an attachment to **the Commissioning Body** and **the Venue**.

#### Note to Next Steps

If the name of attending intermediary is not available currently, inform the Commissioning Body and the Venue no later than midday the working day before the assessment or conference.