



## HMCTS Appointed Intermediary Services Attendance booking

The booking form must only be completed **following an initial assessment** of a Service User where intermediary support at a hearing or conference has been directed by the court or tribunal. To book an intermediary to support a conference use the Assessment and conference booking form.

This booking form is used for:

- Section A**  
**Commissioning Body** to request the services of a HMCTS Appointed Intermediary to support a Service User at court or tribunal hearings.
- Section B**  
**HMCTS Appointed Intermediary Service Provider (HAIS)** to include a booking reference number and case number, to confirm or reject the booking and to provide a quotation.
- Section C**  
**HMCTS Venues** to approve or reject the Service Provider's quotation.
- Section D**  
**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

#### Notes

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

Case number

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

Name of attending intermediary

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

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

## 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

## 3. Hearing details

### 3.1 Attendance type

In Person

Remote (video link or telephone)

### Note 3.1

Choose type of attendance if known at the time of request.

### 3.2 Attendance type additional information

### Note 3.2

For example directions, hearing name, trial, ground rules, remote booking.

### 3.3 Date of attendance

Day

Month

Year

### 3.4 Duration of hearing (add half or full days)

### Note 3.4

For example 4 and a half days.

### 3.5 Start time

### 3.6 Future hearing dates (optional)

### 3.7 Special requirements

#### Note 3.7

Provide details of any special requirements or notes relevant to the case.

For example specific gender request, inability to travel, interpreter required or British Sign Language etc.

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## Next Steps



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

### 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	Unit Price	Total
Reading and preparation			
Full day attendance at court or tribunal			
Half day attendance at court or tribunal			
Travel time (ASPs* only)			
Travel and subsistence (ASPs* only)			
Other costs			
<b>Total cost</b>			

\*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 Venue, copying in the Commissioning Body.**



- Attach the quote if provided separately.

# Section C – HM Courts & Tribunals Service (HMCTS) to Complete

## 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 C**, save the form and **email** as an attachment to **Service Provider**, copying in the **Commissioning Body**.

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## Section D – HAIS Service Provider to complete

### Next Steps



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

#### Note to Next Steps

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



- Provide the name of the assigned intermediary on page 1.



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

#### Note to booking changes or cancellation

Refer to guidance documents for further information on processing changes.



- If you need to make any changes or cancel the booking, please submit **the Change to Booking form** to **the Venue, copying the Commissioning Body**.