

ENFORCEMENT OF COURT ORDERS ACT 1940
ENFORCEMENT OF COURT ORDERS (LEGAL AID) REGULATIONS 2009

**CLAIM FOR FEES (SOLICITOR ONLY, DISTRICT COURT OR AN APPEAL TO THE CIRCUIT COURT) AND
SOLICITOR'S TRAVELLING AND SUBSISTENCE EXPENSES**

PART 1

1. Name(s) and address(es) of person(s) ***(please use block capitals)*** in respect of whom a Debtor's Legal Aid Certificate was granted.

Surname	Forename	Address	L.A. Cert. No.

I declare that I have not made or agreed to make and will not make or agree to make a payment towards the costs or expenses of the case in relation to which the certificate for free legal aid was granted on ___/___/20___ on my behalf. I further declare that I am not aware of a payment or intention to make a payment by any other person (other than under the Act) towards such costs or expenses.

Applicant's signature(s): Date ___/___/20___
..... Date ___/___/20___

2. Name and location of Court which granted legal aid cert(s):

Date granted: ___/___/20___

District Court Case Number:

3. Amount claimed: € _____

SOLICITORS TRAVELLING AND SUBSISTENCE EXPENSES

Date	Depart Time	Return Time	Journey(s) (From - To)	(Reason)	Mode (Car etc.)	Distance in km.	Travel €	Sub. €

I declare that:

Total claimed:

€

- (i) the particulars given by me in this form are correct,
(ii) that I have not received, nor will I accept any payment towards the cost of this case from, or on behalf of, the defendant(s),
(iii) that I have not made any claim for payment to which I am not entitled,
(iv) that I am liable for V.A.T., and
(v) I further declare that I was on the Criminal Legal Aid panel when assigned to this case.

Signed: (Solicitor assigned) Payee No.:

Name in capitals: Date: ___/___/20___

Name/Address of Solicitor's Office:

Part 2

(to be completed by the District Court Clerk, or Court Registrar, as the case may be, of the Court in which the case was heard)

I certify that the information given in reply at Nos. 1 – 2 of Part 1 of this form is correct, that the solicitor who has signed Part 1 of this form was assigned pursuant to the certificate for free legal aid to which this form relates and that the said solicitor attended the Court sitting(s) on each of the dates for which fees are claimed at No. 3 of Part 1 of this form.

I certify that no application was made, in the opinion of the Court, for the solicitor's convenience.

Signed:Office held: Date: ___/___/20__.

Part 3

(for use in the Department of Justice and Equality)

Name

Amount €

.....
.....
.....

Approved for payment in the sum of: €

Signature of approving officer: Date: ___/___/20__.

Entered by: Date: ___/___/20__.

Checked by: Date: ___/___/20__.

NOTES

Where one Court grants the certificate for free legal aid in respect of which a claim is made on this form and the case is heard in a different Court, the solicitor concerned should lodge the claim with the Officer of the Court which heard the case.

A claim form should be completed in respect of each certificate for free legal aid granted, except:

- Where two or more certificates are granted to a person and the cases in relation to which they are granted are heard together or in immediate succession and, in the absence of a direction otherwise by the Court, one certificate is deemed, in accordance with the provisions of Regulation 7(4), to have been granted, one claim only should be completed;
- Where certificates for free legal aid have been granted on behalf of two or more persons whose cases have been heard together, one claim form only should be completed in respect of such certificates.

This form, when completed, should be forwarded to:

The Accountant, Criminal Legal Aid Payments Section, Department of Justice, and Equality, Financial Shared Services, Deerpark Road, Killarney, County Kerry.