

**CRIMINAL LEGAL AID CLAIM FORM  
(SOLICITOR'S EXPENSES)**

Name: \_\_\_\_\_ Payee No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**CASE DETAILS:**

Bill No.: \_\_\_\_\_ Legal Aid Cert. No.: \_\_\_\_\_

Defendant(s): \_\_\_\_\_  
\_\_\_\_\_

**SOLICITORS TRAVELLING AND SUBSISTENCE EXPENSES**

Date	Depart Time	Return Time	Journey(s)		Mode of Conveyance	Distance in km.	Travel € C	Subsistence € C
			(From - To)	Reason				

**Other Expenses: e.g. Photocopying, etc.**

Expense	Amount Claimed € C

I certify that the details supplied above are correct and in all respects true and the expenses claimed are in strict accordance with regulations under the Criminal Legal Aid Scheme.

I declare that in my claim for travelling and subsistence expenses set out above I have made no claim either for travelling expenses or for subsistence allowance in connection with another case where Legal Aid was granted and the case was heard on the same date(s) or where I attended Court on business other than in connection with the Legal Aid Scheme on the same date(s) to which this case relates.

I also declare that no payment has been made by or on behalf of the defendant(s) towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such defendant(s).

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed form should be submitted to: Legal Aid Section, Financial Shared Services, Department of Justice and Equality, Deerpark Road, Killarney, County Kerry.**