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| **ABHAILE DUTY SOLICITOR SERVICE****Claim for Fees** |  |
| Please email to solicitorspanels@legalaidboard.ie |  |

|  |  |  |
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| 1. | Solicitor |       |
| 2. | Email |       |
| 3. | Circuit Court Venue |       |
| 4 | Date |       | 5. Time list commenced |       |
| 6.  | Fee claimed | [ ]  Full day [ ]  Half day |

**Details of persons to whom services were provided:**

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| Name | Voucher ID & Scheme numbers | Address PPR | Plaintiff (lender) | Record No |
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| Name | Voucher ID & Scheme numbers | Address PPR | Plaintiff (lender) | Record No |
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**Certification of claim**

I certify that I have provided the legal services as set out and I accordingly seek payment of the

appropriate fee in accordance with the terms and conditions for the provision of legal services under the Terms and Conditions of the Abhaile Solicitors Panel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |       |
| Liable for VAT  |  [ ]  Yes [ ]  No |  | VAT No. |       |

**For Legal Aid Board use only:**

|  |  |  |
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|  | Authorised Officer | Date |
| Received by |       |  |