|  |  |
| --- | --- |
| **CORONERS INQUESTS SOLICITORS PANEL****Claim for Fees** |  |
| A complete claim form must be accompanied by a copy of the legal aid certificate (or other written authority, in the case of additional services) |

SECTION A

**Case Details**

|  |  |  |
| --- | --- | --- |
| 1. | Solicitor |  |
| 2. | Email |  |
| 3. | Client Name |  |
| 4. | Applicant No |  |  |  |
| 6. | Inquest at (location) |  |
| 7. | Dates at Hearing |  |

SECTION B

**Particulars of claim**

Please complete fully. Incomplete forms may be returned and the payment claim not processed.

|  |
| --- |
| Mention dates certified by Coroner under paragraph 28 of the terms and conditions: |
| Full: |  |
| Half: |  |
|  |  |
| Was Counsel authorised |  [ ]  Yes [ ]  No |
| **Name of Counsel** |  |
| **If so, how many days did Counsel attend the inquest** |  |
| **Amount claimed** |  |

SECTION C

**Certification of claim**

I certify that I have provided the legal services as set out above and I accordingly seek payment of the appropriate fee in accordance with the terms and conditions for the provision of legal services under the Coroners Inquests Solicitors Panel.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |
| Liable for VAT  |  [ ]  Yes [ ]  No |  | VAT No. |  |
| **Bank Account Name:**  |  |
| **Bank Name:** |  |
| **BIC:** |  |
| **IBAN:** |  |

**NB: A complete claim form should be accompanied by a copy of the signed certificate (or other written authority, in the case of additional services).**

**NB: Please send to: Coroners Service Implementation Team,**

 **Athlumney House, Johnstown, Navan, Co. Meath**

 **Eircode C15 ND62 (Fax: 046 905 0560)**

**C.C: Private Practitioner Services, Legal Aid Board,**

 **Quay Street, Cahersiveen, Co. Kerry**

**For Office use only:**

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