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|  | **Claim for Fees - PIP Abhaile PIA Review Legal Aid Service** |

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| Personal Insolvency Practitioner |  |  | | | | | | |
| Client Name |  |  | | | | | | |
| Case number |  |  | | | | | | |  |
| Address of PPR |  |  | | | | | | |  |
| Scheme number |  |  | | | | | | |  |
| Your solicitor will provide you with the Case Number. | | | | | | | | |
| Was a Notice of Objection filed in the proceedings: | | | Yes |  | No |  |  |

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| **Fees for services in court PIA review cases - Personal Insolvency Practitioner** | **Fee claimed** |
| **PIA REVIEW**  **Case fee where the case goes to a full hearing in the Circuit Court**:- to cover all work carried out by him or her in regard to the case to include as appropriate, consultations, preparatory work, and court appearances incidental to and including the full hearing. |  |
| **Case fee where the case goes to a full hearing in the Circuit Court and is related to a similar case (spouse / partner) involving the same home**:- to cover all work carried out by him or her in regard to the second spouse/partner’s case to include as appropriate, consultations, preparatory work, and court appearances incidental to and including the full hearing. |  |
| **Case fee where the case was heard in the Circuit Court and is being appealed to the High Court**:- to cover all work carried out by him or her in relation to the appeal. |  |
| **Case fee where the case was heard in the Circuit Court, is being appealed to the High Court, and is related to a similar case (spouse / partner) involving the same home**:- to cover all work carried out by him or her for the second spouse/partner in relation to the appeal. |  |
| **Case fee where the case goes to a full hearing at first instance in the High Court**:- to cover all work carried out by him or her in regard to the case to include as appropriate, consultations, preparatory work, and court appearances incidental to and including the full hearing. |  |
| **Case fee where the case goes to a full hearing at first instance in the High Court and is related to a similar case (spouse / partner) involving the same home**:- to cover all work carried out by him or her in regard to the second spouse/partner’s case to include as appropriate, consultations, preparatory work, and court appearances incidental to and including the full hearing. |  |
| **Case fee where the case was heard in the High Court and is being appealed to a Superior Court**:- to cover all work carried out by him or her in relation to the appeal. |  |
| **Case fee where the case was heard in the High Court, is being appealed to a Superior Court, and is related to a similar case (spouse / partner) involving the same home**:- to cover all work carried out by him or her for the second spouse/partner in relation to the appeal. |  |

**Details of Outcome**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Order under s115A(9) granted |  | | Order under s115A(9) refused | | |  |
| Case went to full hearing |  | | Date of full hearing |  | | |
| **Was an order made as to costs?** | | | | | | |
| In favour of Applicant or Debtor |  | | In favour of Creditors(s) | | |  |
| No order as to costs |  | | Other | | |  |
| **Was a written judgement handed down?** | | | | | | |
| Yes (provide neutral citation if available) | |  | | | No |  |

**I certify that I have provided services as set out and I accordingly seek payment of the appropriate fee**

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| --- | --- | --- | --- | --- | --- |
| Liable for VAT : YES/NO | | VAT No. if applicable | | |  |
|  | | | |  |  |
| Signature: |  | | | Date |  |
| **I certify that the above named PIP has provided the specified services  sad**  **to the above proceedings**  **proceedings.** | | | | | |
| Signature | | | Solicitor | |  |

A **completed claim form must be accompanied by a copy of the relevant Court Order.**

Claim forms must be submitted in **hard copy format (ie on paper)**, and **sent via post/DX only** toExternal Services, Legal Aid Board, Quay Street, Cahirciveen, Co Kerry, V23 RD36. DX 166 004 CAHIRCIVEEN. Only originals will be accepted.

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| **Office use** | **Name** | **Date** |
| Received by |  |  |
| Checked by |  |  |
| Authorised by |  |  |