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LEGAL AID BOARD

Claim for fee payable under the Private Practitioner District Court Scheme

Solicitor:.....

Client Name:.....

Applicant No / Ref No.....

Case No / Cert No.....

Proceedings:.....

District Court.....

Outcome:.....

.....

Case Adjourned: YES NO (please tick)

Dates of adjourned hearings (if any).....

Amount Claimed: €

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 Private Practitioner District Court Scheme

Liable for VAT : YES/NO VAT No. if applicable

Signature.....Solicitor Date.....

NB a complete claim form should be accompanied by a copy of the signed certificate (or original part IV of the Certificate) or, other written authority, in the case of additional services is returned with this claim form.

Please send to: Private Practitioner Scheme, Legal Aid Board,
Quay Street, Cahirciveen, Co. Kerry

For Office Use:

Claim "Receipt Date" in Head Office.....

Claim checked by.....Date.....

Payment Authorised.....Date.....