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| **DISTRICT COURT FAMILY LAW SOLICITORS PANEL****Claim for Fees** |  |
| A complete claim form must be accompanied by a copy of the legal aid certificate. |

SECTION A

**Case Details**

|  |  |  |
| --- | --- | --- |
| 1. | Solicitor |  |
| 2. | Email |  |
| 3. | Client Name |  |
| 4. | Applicant No |  | 5. LAB Case No |  |
| 6. | Proceedings |  |
| 7. | District Court venue |  |
| 8. | Outcome |  |
| 9. | Case Adjourned |  [ ]  Yes [ ]  No |
| 10. | Dates of adjourned hearing (if any)  |  |

SECTION B

**Particulars of claim**

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

|  |  |  |
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| **Fees for District Court cases (inclusive of any payments made to counsel and exclusive of VAT)** | **Amount Claimed** | **Fee Payable** |
| a) Maintenance only |  | €339 |
| b) Guardianship only |  | €339 |
| c) Custody and or access only |  | €339 |
| d) Domestic Violence only |  | €339 |
| e) Custody and / or access and guardianship |  | €339 |
| f) Maintenance and custody / and or access / and / or guardianship |  | €423 |
| g) Domestic Violence and maintenance |  | €423 |
| h) Domestic Violence and custody / and or access / and / or guardianship |  | €423 |
| i) Maintenance and Domestic Violence and custody / and or access / and / or guardianship |  | €508 |

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 of the District Court Family Law Solicitors Panel.

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

**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).**

**Please send to: Private Practitioner Services, Legal Aid Board,**

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

**For Legal Aid Board use only:**

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