|  |  |
| --- | --- |
| **ASSISTED DECISION MAKING  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)  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. | |

**SECTION A**

**Case details**

|  |  |  |
| --- | --- | --- |
| 1. | Solicitor |  |
| 2. | Email |  |
| 3. | Client Name |  |
| 4. | LAB Case No |  |
| 5 | Jurisdiction & Venue | High Court  Circuit Court at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Particulars of claim**

|  |  |  |
| --- | --- | --- |
|  | Dates of hearing | Fee claimed |
| Advice in relation to the drafting and registration of a decision making assistance agreement, co-decision making agreement, enduring power of attorney or advanced healthcare directive | n/a |  |
| Independent advice fee in relation to a decision making assistance agreement, co-decision making agreement, enduring power of attorney or advanced healthcare directive |  |  |
| Part 5 Capacity Application (Contested) |  |  |
| Part 5 Capacity Application (Uncontested) |  |  |
| Part 6 Discharge Application (Contested) |  |  |
| Part 6 Discharge Application (Uncontested) |  |  |
| Part 5/6 Review of a declaration as to capacity |  |  |
| Part 8 Advanced Healthcare Directive application |  |  |
| Any other civil proceedings under the 2015 Act within the scope of this Panel |  |  |
| Unsuccessful application for leave to take proceedings |  |  |
| Discontinued application |  |  |

**SECTION B**

**Details of case outcome**

Please set out details of the outcome of the case (e.g. Declaration as to capacity made, decision making order, decision making representation order, co-decision making agreement, etc)

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|  |

**SECTION C**

**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 Capacity Issues Solicitors Panel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  |  | **Date** |  |
| **Liable for VAT** | Yes  No |  | **VAT No.** |  |

**For Legal Aid Board use only:**

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