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| **ABHAILE DUTY SOLICITOR SERVICE**  **Claim for Fees** |  |
| 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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| 1. | Solicitor |  | | |
| 2. | Email |  | | |
| 3. | Circuit Court Venue |  | | |
| 4 | Date |  | 5. Time list commenced |  |
| 6. | Fee claimed | Full day  Half day | | |

**Details of persons to whom services were provided:**

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| Name | Voucher ID & Scheme numbers | Address PPR | Plaintiff (lender) | Record No |
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| Name | Voucher ID & Scheme numbers | Address PPR | Plaintiff (lender) | Record No |
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**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 Abhaile Solicitors Panel.

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

**For Legal Aid Board use only:**

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