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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.  All claims must be made on by way of paper claim form and include the solicitor’s handwritten signature. They should be returned by post to Private Practitioner Services, Legal Aid Board, Quay Street, Cahersiveen, Co. Kerry V23 RD36 or by DX to Private Practitioner Services, Legal Aid Board DX166004 CAHERSIVEEN.    We cannot accept claims sent other than by post or DX. | |

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.

|  |  |  |
| --- | --- | --- |
| **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 |  |  |