

LAB REF NO. 



**SECTION 1: Declaration****A. Personal details** (*all fields to be completed by person detained in BLOCK CAPITALS*)

<b>Name</b>		<b>PPSN.</b>	
<b>Permanent address</b>			
<b>Date of birth</b>		<b>Tel. no.</b>	

**B. Date of detention** \_\_\_\_\_ **Garda Station** \_\_\_\_\_

State the legislation under which the detention occurred:

(Tick the appropriate box)

Section 30, Offences Against the State Act 1939 (as amended)	<input type="checkbox"/>
Section 4, Criminal Justice Act 1984 (as amended)	<input type="checkbox"/>
Section 2, Criminal Justice (Drug Trafficking) Act 1996 (as amended)	<input type="checkbox"/>
Section 50, Criminal Justice Act 2007 (as amended)	<input type="checkbox"/>

**C. Statement of Means** (*To be completed by the person detained.*)

(i) Please state if you are currently in employment: Yes \_\_\_\_\_ No \_\_\_\_\_

(ii) Please state your gross annual income from all employment: € \_\_\_\_\_

(iii) Please state if you are currently in receipt of a Social Welfare payment: Yes \_\_\_\_\_ No \_\_\_\_\_

(iv) If yes, indicate the type of benefit(s) received: \_\_\_\_\_

**D. Declaration** (*Applicant should read/understand points (i)–(v) carefully before signing this Declaration*)

- (i) I hereby apply for legal advice under the Garda Station Legal Advice Revised Scheme. I declare that my total gross income does not exceed €20,316. I understand that I may be requested to verify this declaration.
- (ii) I understand that should I not satisfy the above mentioned criteria, I will be personally responsible for the costs associated with the provision of legal services in this instance. I understand that under the provisions of the Garda Station Legal Advice Revised Scheme if a person is not in receipt of Social Welfare payments or if their total income exceeds €20,316 (gross), they will be personally responsible for any costs associated with the provision of legal services within the Garda Station.
- (iii) I hereby give my consent to the Legal Aid Board to seek any such report as they consider necessary to confirm the accuracy of the information submitted under this application. Such a report may be sought from the Department of Social Protection, the Revenue Commissioners or any other public body who, in the opinion of the Board, is likely to be in a position to provide assistance to verify the accuracy of the information I have provided above.
- (iv) I understand that it is the policy of the Legal Aid Board to seek reimbursement of the cost of any legal advice provided to a person who makes a false declaration under this application.
- (v) I hereby declare that to the best of my knowledge and belief the information provided in respect of this application is accurate and complete. I have only completed one application in respect of this detention.

Signed \_\_\_\_\_ Date \_\_\_\_\_

NB. Incomplete forms will be returned to the claimant. Fully completed and certified forms should be forwarded to: **LEGAL AID BOARD, GARDA STATION LEGAL ADVICE REVISED SCHEME, CRIMINAL LEGAL AID SECTION, 48/49 North Brunswick Street, George's Lane, Smithfield, Dublin 7 (DX 1085 four courts). Data Protection and Freedom of Information – The Legal Aid Board will treat all information and personal data you give as confidential and will only disclose it to other people or bodies for the purposes of the administration of the Garda Station Scheme.**

## SECTION 2: Details of detention, consultations and attendances

**A. To be completed by the solicitor claiming fees. Garda certification (signature and station stamp) is required to confirm that the consultations and / or attendances for Garda / Detainee interview occurred as outlined below for this detention.** Please use the 3 consultation boxes in the top row to specify the start and end times of *any consultations claimed*, noting the limits on consultations payable as outlined in the Guidance Document. Please tick whether it was a phone or in-station consultation. Please state clearly the start and finish time of each complete attendance involving an interview.

Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)	
Date / /	Garda signature and stamp	Date / /	Garda signature and stamp	Date / /	Garda signature and stamp
Start time	Consultation 1	Start time	Consultation 2	Start time	Consultation 3
	PHONE <input type="checkbox"/>		PHONE <input type="checkbox"/>		PHONE <input type="checkbox"/>
End time	IN-STATION <input type="checkbox"/>	End time	IN-STATION <input type="checkbox"/>	End time	IN-STATION <input type="checkbox"/>
Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)	
Date / /	Garda signature and stamp	Date / /	Garda signature and stamp	Date / /	Garda signature and stamp
Start time	Attendance for Garda Interview 1	Start time	Attendance for Garda Interview 2	Start time	Attendance for Garda Interview 3
End time		End time		End time	
Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)		Solicitor Name (PLEASE PRINT)	
Date / /	Garda signature and stamp	Date / /	Garda signature and stamp	Date / /	Garda signature and stamp
Start time	Attendance for Garda Interview 4	Start time	Attendance for Garda Interview 5		Extension Hearing
End time		End time			

**NB** If, within the provisions of the Scheme (see Garda Station Legal Advice Revised Scheme Guidance Document for details at [www.legallaidboard.ie](http://www.legallaidboard.ie)), it is necessary to claim more than 5 attendances / 3 consultations, a second form may be used. **Both forms MUST be returned together as a complete claim.**

Travelling expenses – total kilometres to and from Garda Station: \_\_\_\_\_

Were other legally aided detainees visited by the attending solicitor during the above detention? Yes\_\_\_ No\_\_\_ ( please tick)

### B. Declaration and details of solicitor and firm

I declare that the particulars given on this form are correct and that it is the only claim being made for legal advice provided in respect of the above detainee's detention. I also declare that no payment has been made by, or on behalf of, the detainee for such advice and no agreement has or will be entered into by me with or on behalf of the detainee.

Name and address of firm for payment (payee): \_\_\_\_\_

Head of firm's signature: \_\_\_\_\_

VAT no. \_\_\_\_\_ Tax ID/PPSN (if not registered for VAT) \_\_\_\_\_

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AUTHORISATION		CATEGORY CLAIMED	QUANTITY	OVERALL FEE
Signature		Phone Consultation		
Block Capitals		Consultation (in-station) 8am – 8pm		
Date		Consultation (in-station) 8pm – 8am / weekend / BH		
Supplier No.		Attendance Hours 8am – 8pm		
Total Fee (excl. VAT & w/tax )	€	Attendance Hours 8pm – 8am / weekend / BH		
		Extension Hearing		
		Kilometres		