

Ad-Hoc Legal Aid Scheme (Attorney General) Claim Form

(Forms for Bail Applications under the AG's Scheme are available in Court)

Judicial Review _____
Application Type (tick): Habeas Corpus _____
Extradition/EAW _____

Court: _____ **Name of Case:** _____ **Record No.:** _____

=====

1. Solicitor (Please insert date(s) for which fees are being claimed).

Brief Fee: ___/___/___

Refresher Fee: ___/___/___ ___/___/___ Ex-Parte Application for Leave to Apply: ___/___/___

Commissioners Fees: ___/___/___ *Consultation with Counsel: ___/___/___ *One consultation with Counsel per case only.

Necessary disbursements of a reasonable amount that are made in a case: ___/___/___

I certify that the information given is correct and that the applicant/respondent named above applied at the commencement of the hearing for a recommendation under the Ad-Hoc Legal Aid Scheme (AG) and by order dated the ___/___/___ the Court recommended payment under the Scheme. I declare that no payment has been made by or on behalf of the applicant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such applicant/respondent.

A copy of the initiating order and final order must be provided with this application.

Signed: _____ **Solicitor** **Date:** _____

=====

2. Junior Counsel (Please insert date(s) for which fees are being claimed).

Brief Fee: ___/___/___

Refresher Fee: ___/___/___ ___/___/___ Ex-Parte Application for Leave to Apply: ___/___/___

Draft Statement of Grounds: ___/___/___ Draft Notice to Cross-examine: ___/___/___

Draft Grounding Affidavit: ___/___/___ Draft Replying Affidavit of: ___/___/___

Advice on Proofs: ___/___/___ Draft legal submissions, if directed by Judge: ___/___/___

Draft Discovery Motion: ___/___/___ Draft Affidavit: ___/___/___ *Consultation with Counsel: ___/___/___
* One consultation per case only.

I certify that the information given is correct and I declare that no payment has been made by or on behalf of the applicant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such applicant/respondent.

Signed: _____ **Junior Counsel** **Date:** _____

=====

3. Senior Counsel (Please insert date(s) for which fees are being claimed).

Brief Fee: ___/___/___

Refresher Fee: ___/___/___ ___/___/___ Ex-Parte Application for Leave to Apply: ___/___/___

Settle Statement of Grounds ___/___/___ Settle Notice to Cross-examine: ___/___/___

Settle Grounding Affidavit: ___/___/___ Settle Replying Affidavit of: ___/___/___

Advice on Proofs: ___/___/___ Settle legal submissions, if directed by Judge: ___/___/___

Settle Discovery Motion: ___/___/___ Settle Affidavit: ___/___/___ *Consultation with Counsel ___/___/___
* One consultation per case only.

I certify that the information given is correct and I declare that no payment has been made by or on behalf of the applicant/respondent towards the cost of the case and no agreement has or will be entered into by me with or on behalf of such applicant/respondent.

Signed: _____ **Senior Counsel** **Date:** _____

=====

**The completed form (along with the orders) should be forwarded to: Courts Policy Division,
Department of Justice and Law Reform, 51 St. Stephen's Green, Dublin 2.**