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

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

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

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

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**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:*** _____

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**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:*** _____

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**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:*** _____

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