

**APPLICATION FOR PAYMENT OF FEES FOR LEGAL ADVICE PROVIDED TO A PERSON
DETAINED IN A GARDA STATION**

1. DETAILS OF DETAINED PERSON

- (i) Name _____
- (ii) Detained under (Tick Appropriate Legislation):
 Criminal Justice Act 1984 _____ Offences Against the State Acts _____
 Criminal Justice (Drug Trafficking) Act 1996 _____ Section 50 Criminal Justice Act 2007 _____

2. DETAILS OF VISITS/CONSULTATIONS/MILEAGE

I wish to claim for legal advice given to the above named who was detained at _____ Garda Station from ____/____/20____ to ____/____/20____

I declare that the particulars given on this form are correct and that this is the only claim being made for legal advice provided in respect of the above 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 such detainee.

Head of Firm's signature: _____ Date ____/____/20____

Name of Firm (BLOCK CAPITALS): _____

Address of Firm: _____

VAT No.: _____ Withholding Tax Ref. No.: _____

Item Claimed	Number	Fee
Visit (9.00 am - 7.00 pm Weekdays)		€
Visit (7.00 pm - 9.00 am Weekdays, all Weekend & Bank Hols.)		€
Phone Consultation		€
Extension Hearing		€
Kilometres (47c per km.)		€

<i>For Official Use Only in Courts Policy Division</i>	
PAYMENT AUTHORISED: _____ BLOCK CAPITALS: _____ DATE: _____	
<i>For Official Use Only in Accounts Payable Section</i>	
ACCOUNT NO.: _____	CLAIM NO.: _____
CHECKED: _____	DATE: _____

Verified claim forms should be forwarded to: Courts Policy Division, Department of Justice and Law Reform, 51 St. Stephen's Green, Dublin 2 at the end of the detention.

To be retained by Solicitor

GSAS 3. Claim No. _____

Detainee _____ **Detention Period** ____/____/20____ - ____/____/20____ **Amount Claimed** _____