



GARDA STATION LEGAL ADVICE REVISED SCHEME

			LAB REF NO.					
SECTION 1: Declara	ation _							
A. Personal details (all fields to be completed by person detained in BLOCK CAPITALS)								
Name			PPSN.					
Permanent			1					
address								
Date of birth			Tel. no.					
B. Date of detent	ion	Ga	rda Station					
State the legislation under which the detention occurred:								
Tick the appropriate	e box)							
		30, Offences Against the I, Criminal Justice Act 19		as amended)				
	Section 2	2, Criminal Justice (Drug	g Trafficking) Act		ended)			
	Section 5	60, Criminal Justice Act	2007 (as amended)				
C. Statement of Means (To be completed by the person detained.)								
(i) Please state if			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 (A)	pplicant should r	ead/understand points (i)	–(v) carefully befo	ore signing this	s Declaration)			
		nder the Garda Station Lega						
	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	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 ex	ceeds €20,316 (g	ross), they will be persona						
provision of legal services within the Garda Station. ii) 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							
(iv) I understand the	v) 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. 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.								
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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).

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		Solicitor		Solicitor			
Name (PLEASE PRINT)		Name (PLEASE PRINT)		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		PHONE		PHONE		
End time	IN-STATION	End time	IN-STATION	End time	IN-STATION		
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	Start time	Attendance for Garda	Start time	Attendance for Garda		
	Interview 1		Interview 2		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	Interview 4	End time	interview b				
Ziid tiile		Ziid tiilie					
NB If, within the provisions of the Scheme (see Garda Station Legal Advice Revised Scheme Guidance Document for details at www.legalaidboard.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:							
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)							

LAB office use only								
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						