Falkland Islands Legal Aid

Claim for Provision of Legal Services:

Form LA3

Section 9 Legal Aid Ordinance 2020

Assisted Person's Details:

Full name:						
Address:						
Date of Birth:						
Legal Aid Certificate:						
Date Legal Aid First Granted:						
Financial Limit to Certificate:	£					
Required contribution:	Nil ☐	10% up to £750 ☐	25% up to £1000 ☐	40% up to £1500 ☐	50% up to £2000 ☐	Other: ☐
Claim for payment is:	☐ Final payment	☐ Payment on account (disbursement)		☐ Payment on account (six month period)		
Criminal Case Reference(s):			Date of conclusion:			

Legal Practitioner's Details:

Full Name:	
Firm:	
Address:	
Email address:	
Date Legal Practitioner first instructed by the Applicant:	

OVERVIEW OF CLAIM

Claim for work outside of court:	£		
Claim for work at court:	£		
Claim for travelling/waiting:	£		
Claim for routine correspondence:	£		
Claim for disbursements:	£		
Has any required contribution been paid?	☐ No	☐ Yes, amount paid: £	
TOTAL CLAIM:	**£**	Firm's invoice number:	

Form LA3

CLAIM FOR WORK OUTSIDE OF COURT

Date	Attendance time (hh:mm to hh:mm)	Number of units claimed *(1 unit = 6 minutes)*	Legal Services Provided	Total
TOTAL:			**SUBTOTAL CLAIM: £**	

CLAIM FOR WORK AT COURT

Date	Attendance time (hh:mm to hh:mm)	Number of units claimed *(1 unit = 6 minutes)*	Total
TOTAL:			**SUBTOTAL CLAIM: £**

Form LA3

CLAIM FOR TRAVELLING/WAITING

Date	Attendance time (hh:mm to hh:mm)	Number of units claimed *(1 unit = 6 minutes)*	Travelling or Waiting	Total
TOTAL:			**SUBTOTAL CLAIM: £**	

CLAIM FOR ROUTINE CORRESPONDENCE

Date	Letters Out	Letters in, telephone calls and emails	Total
		SUBTOTAL CLAIM: £	

Form LA3

CLAIM FOR DISBURSEMENTS

Date	Date Prior Approval Given	Details of Disbursement	Costs Claimed	Direct Payment? (y/n)
		SUBTOTAL: £		

Total of Legal Services:	**£**
Less Contribution of:	**(£)**
Less Direct Payments of:	**(£)**
Less any previous Payment on Account made:	**(£)**
TOTAL CLAIM FOR PAYMENT:	**£**

[I certify that the assisted person has been sent a copy of the claim and bill of costs and the assisted person has

[not] notified me of an intention to make representations regarding the fee.]

[Attached to this claim is a detailed schedule of legal services provided in this matter.]

I certify that the information provided is correct. This work has not and will not be the subject of any other claim for remuneration for the Legal Aid Fund.

Signed: Date: