



AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS
DEPARTMENT OF JUSTICE AND EQUALITY

**Criminal Legal Aid
Video Conference / Prison Claim**

Date of Video Conference:

Video Link From:
To:

Solicitor:
Barrister:

PAYEE No.:
PAYEE No.:

Client'(s) Name (s):

Bill No (s):

Free L.A. No (s):

Prisoner'(s) No:

Claimant's Declaration:
I declare that the particulars given by me above are correct and that no other claims are being submitted for this video conference session. I further declare that this video conference was essential to the preparation and conduct of the person's defence, appeal or case stated as maybe:

Solicitor's Signature Date:

Barrister's Signature Date:

Prison Certificate:
I declare that the above names Solicitor / Barrister consulted the above named inmate(s) by Video Conference on this date during the time band opposite.

Governor's Signature:

Date:

Time Band (Please tick appropriate band)

10 to 12 AM	2 to 4 PM	5 to 7 PM

Prison Stamp:

This form, when completed at the place of detention, should be forwarded directly to:
The Accountant, Department of Justice and Equality, Criminal Legal Aid Payments Section,
Financial Shared Service Facility, Deerpark Road, Killarney, Co. Kerry.