



Falkland Islands Legal Aid Scheme

LA5

Claim for Work Done under the
Civil Advice and Assistance Scheme

DETAILS OF LEGAL PRACTITIONER

Name	
Address	

ASSISTED PERSON DETAILS

Name	
Address	
Date of Birth	
Legal Aid Certificate Number (where known)	
Date Legal Aid first granted	
Financial Limit to Certificate	£
Legal Matter for which claim is made	

CLAIM FOR COSTS BY LEGAL PRACTITIONER

Claim for advice and assistance provided				
Date	Nature of work carried out	Time Engaged (hh:mm)	Waiting Time (hh:mm to hh:mm)	Costs Claimed
				£
				£

				£
Total Time (hh:mm) and Costs Claimed				£

Other costs claimed			
Date	Letters out	Letters in, telephone calls or e-mails	Other Costs or Expenses
Total Costs Claimed	£	£	£

If claiming for more than 2 hours advice and/or assistance	
Was prior authority sought and/or obtained?	
If not, please give full details as to why not and why the provision of more than 2 hours advice and/or assistance was necessary	

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

Signature of Legal Practitioner

Date

Important Note

For more complex or substantial claims the Legal Practitioner is requested to provide a full and detailed Schedule of Costs.