



# Application for Payment on Account of Fees

## SLA/POA/3

ISSUED 01/04

IN ACCORDANCE WITH REGULATION 11(1) OF THE CIVIL LEGAL AID (SCOTLAND)(FEES) REGULATIONS 2003

AID TYPE: 30 ACCOUNT TYPE: PAS

### REMEMBER

All questions must be completed for your form to be processed.

If there are any questions in this form that are not applicable, please write 'N/A' in the box provided or 'NOT KNOWN' if you do not have the answer.

### KEY TO SYMBOLS



further information or examples on a specific question are provided



you should sign the form here

### SECTION A

### LEGAL AID DETAILS

**i** Please complete this section in CAPITAL LETTERS and in BLACK INK. You should put a cross in the relevant box or write within the white boxed areas as the information you provide will be electronically scanned.

1 Legal Aid Reference(s)

C

2 Assisted person's forename

3 Assisted person's surname

4 Practitioner's code number

5 Firm's code number

6 Branch code

7 Your internal reference number

8 Nominated solicitor's name

9 Firm's name

ADDRESS

POSTCODE

DX/LP NO/EXCHANGE

10 Date of Grant of Legal Aid

DAY MONTH YEAR

11 What is the total value of your claim (fees only)?


£

**i** See Section C or D.


FOR INTERNAL USE ONLY

DATE RECEIVED



 The solicitor making the claim should complete this section.

I claim a payment to account of fees in the amount entered at section C question 1 or section D question 2 above. I certify that to the best of my knowledge and belief the information given in this claim is correct and I confirm that this claim is in accordance with regulation 11(1) of the Civil Legal Aid (Scotland)(Fees) Regulations 2003. It is recognised that the payment claimed and made does not constitute a final payment. All fees incurred in a case will be considered when a full assessment is undertaken at the conclusion of proceedings.

 Signature of nominated Solicitor


Date

DAY MONTH YEAR

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KEY TO SYMBOLS


 further information or examples on a specific question are provided

 you should sign the form here

FOR OFFICIAL USE ONLY

FEES CLAIMED

FEES PAYABLE

 Payment Authorised

Date

DAY MONTH YEAR

You should now:

- ① Complete this form and send it to the address below. No covering letter is required. Please refer to the guidance notes on the enclosed sheet.

Accounts Registration Section  
Accounts Assessment Department  
Scottish Legal Aid Board  
44 Drumsheugh Gardens  
Edinburgh EH3 7SW  
DX ED55250 EDINBURGH30  
LP2 EDINBURGH7