



## LEGAL AID DEPARTMENT **DUTY COUNSEL RECORD SHEET & CLAIM FORM**

Persons detained at a Police Station, Correctional institution or other similar place in accordance with Section 15 (3) of the Legal Aid Law, 2015

Person detained & advice given	Suspected Offence(s)	Date of advice (D/M/Y)	Phone (P) or In Person (IP)	Location of Person advised	Start time	End Time	Total Time claimed	Official Notes/Comments

Overall Total of time being claimed:- \_\_\_\_\_

I confirm that this is an accurate record of advice given and claim the prescribed fee. The advice was necessary and reasonably given.

\_\_\_\_\_  
Name of Assisted Attorney & Firm

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Amount Approved: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Director)