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Description automatically generated

**DOMESTIC VIOLENCE COURT**

**DUTY COUNSEL CLAIM FORM**

LEGAL AID ACT, 2015 (s.14 )

*To be completed by scheduled Duty Counsel and returned by email to* [*legalaid@judicial.ky*](mailto:legalaid@judicial.ky)

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MAGISTRATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME COMMENCED: \_\_\_\_\_\_\_\_ TIME CONCLUDED: \_\_\_\_\_\_\_\_**

**DUTY COUNSEL NAME/ FIRM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DEFENDANTS ASSISTED:

1. 4.
2. 5.

3. 6.

**FOR ANY MATTERS SET FOR TRIAL – WILL DUTY COUNSEL ASSISTANCE BE REQUIRED FOR CROSS- EXAMNATION OF THE COMPLAINANT?**

* **YES**
* **NO**

**IF YES:**

**NAME OF THE DEFENDANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRIAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR ANY MATTERS SET FOR SENTENCING – WILL DUTY COUNSEL ASSISTANCE BE REQUIRED FOR PLEA IN MITIGATION?**

* **YES**
* **NO**

**IF YES:**

**NAME OF THE DEFENDANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SENTENCING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL CLAIMED: \_\_\_\_\_ Hrs \_\_\_\_\_ Mins AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm the foregoing is an accurate record of the advice given and the time claimed represents the necessary time spent in court as duty counsel on the date indicated.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Duty Counsel Signature