

RCNI Court Accompaniment Claim Form

Please enter only 1 case per claim form <> Submit within one month <> Incomplete forms will be returned

Name of Centre: *											
Type of Accompaniment: <i>(Please tick the relevant court)</i> *				District		Circuit		Central Criminal		Court of Appeal	
Location of Court: * (Name of Town or City)		Enter all dates you attended court for this case: *									
Where the Court is local and you are claiming for overnight expenses, please give a brief description of the circumstances:											

Client stats: <i>(please tick all that apply)</i> *				Is the person accompanying the client....? <i>(please tick – no name required)</i> *								
Male	Female	Under 18	Disability	Paid Staff:			Volunteer:			Other:		

	A: Local Accompaniment @ €170 per day	B: Non-Local Accompaniment @ €300 per day
Enter Number of days to be claimed: *		

Total claimed in Euro: *	€	Name of RCC Manager: *		Signature of RCC Manager: *	
On behalf of: _____ Rape Crisis Centre *				Date of claim: *	

Has a copy of the RCNI satisfaction survey given to client? <i>(please tick one of the following)</i> *	Yes		No		Unknown	
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*** ALL THESE SECTIONS MUST BE COMPLETED BEFORE SENDING CLAIM TO RCNI**

Please return completed form to RCNI as soon as possible. Due to funder restrictions, please note claims cannot be carried forward to the next financial year.
Return to Administrator, RCNI, Carmichael Centre, North Brunswick Street, Dublin 18