



Legal Aid

11/17 form 46

Tax Invoice

Civil Legal Aid Fixed Fee/Fixed Fee Plus Public Protection Orders

Legal aid file no.	
Invoice date	
Invoice number	
GST number	
Lead provider's ref.	

To: **Legal Aid,** _____

DX Box Number _____ City _____

Name of aided person _____

Name of lead provider _____ Provider number _____

Name of law firm _____ Firm number _____

Details of claim

Covers period from: _____ to: _____

Date of final disposition (if final invoice) _____ Interim invoice Final invoice

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
Termination of Instructions			
Initial instructions not followed through			
Application(s)/Order(s)			
Responding to first Application(s)/Order(s)			
Responding to additional Application(s)/Order(s)			
Summons to attend			
Additional factors – Application(s)/Order(s)			
Specialist Reports			
Cost of instructing health assessor(s) or Restorative Justice provider(s)			
Pre-Hearing Matters			
Pre-hearing Meeting(s) – Preparation			
Pre-hearing Meeting(s) – Time			
Instructing agent			
Additional factors – Pre-hearing matters			
Defended Hearing(s)			
Complying with Judge's directions			
Preparation			
Time			
Instructing agent			
If interim detention of Respondent is ordered pursuant to s12(2)			
Consideration of Judgement/Order(s)			
Additional factors			
Interlocutorys			
Document preparation where there is no hearing			
Hearing(s)/Teleconference(s) – Preparation			
Hearing(s)/Teleconference(s) – Time			
Reviews and Subsequent Activity			
Meeting(s) prior to a Review Panel meeting or Court hearing – Preparation			
Meeting(s) prior to a Review Panel meeting or Court hearing – Time			
Cost of instructing health assessor(s) or Restorative Justice providers			
Instructing agent			
Consideration of Judgement(s) arising from Court review(s) of Order(s)			
Additional factors			
Attending a respondent in custody			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
Total GST*	\$
Total amount (incl. GST)*	\$

*If you are not registered for GST, you will be paid the GST excl. amount

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.	PPOs (excl. GST)	PDOs (excl. GST)	PSOs (excl. GST)	Total fixed fees (excl. GST)
Time attending Court or Panel Review hearings or reviews				
Review Panel review – Preparation				
Court-initiated review – Preparation				
Application to Court for Cancellation – Preparation				
Application to Court to vary or discharge a condition – Preparation				
Application to Court for a Review – Preparation				

	Lead Provider		Listed Provider B															
	Hours	Total fees	Hours	Total fees														
Provider name or number	_____		_____															
Level of experience	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>SUP</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		1	2	3	SUP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	2	3																
<input type="text"/>	<input type="text"/>	<input type="text"/>																
1	2	3	SUP															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>															
Fixed Fee Plus Activities¹																		

¹ Activities where prior approval has been sought and granted.

Disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

Birth certificate		
Court-directed bundles of documents		
Court filing fee		
Deed of Assignment		
Document and process server		
Drug testing		
Interpreter		
Library		
Non-lawyer		
Office disbursements		
Psychiatric/Psychologist		
Restorative Justice report		
Translator		
Witness		
Travel – Personal car – necessary – @ \$ _____ per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
Witnesses and expert witnesses – allowance		

Prior-approval disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

Witnesses and expert witnesses – travel		

Progress/Result

Please provide an update on the current status of the proceedings or attach a copy of the order/agreement/judgment etc.

continue on a separate sheet if necessary ...

Proceeds of Proceedings

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/Values	Details/Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

Lead provider

I confirm that:

- If claiming hearing time, I have records of all hearing time covered by this claim.
- This claim is based on the tasks undertaken for the relevant activity/activities and disbursements actually and reasonably incurred.
- No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).
- Any non-lawyer or supervised provider performed his or her work under my supervision and I am responsible for it.

I acknowledge that:

- If this case is subject to a user charge, the total approved payment may be reduced by the amount of the user charge where the total approved is more than the user charge.

Signature of lead provider

Date

day month year