



Legal Aid

11/17 form 42

# Tax Invoice

## Civil Legal Aid Fixed Fee/Fixed Fee Plus Victims' Orders against Violent Offenders (Applicant & Respondent)

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)
<b>APPLICANT</b>	<b>Termination of Instructions</b>			
	Initial instructions not carried through			
	<b>Application(s)/Order(s) – NOTICE</b>			
	Application(s) for Temporary Non-Contact Order(s)			
	Additional applications for temporary orders against offender's associates			
	Undefended Temporary Non-Contact Order(s) becomes Final Non-Contact Order(s) by operation of law			
	<b>Application(s)/Order(s) – ON NOTICE</b>			
	Application(s) for Final Non-Contact Order(s)			
	Additional final non-contact orders against offender's associates			
	<b>Application(s)/Order(s) – ALL</b>			
	Cost Application – when applicant applies for costs or defends an application for costs			
	Disclosure of offender's address			
	Non-Contact Order(s) to be defended			
	Extending the period within which Temporary Non-Contact Order(s) apply			
	<b>Application(s)/Order(s) – ALL</b>			
	Formal Proof Hearing(s) – Preparation			
	Formal Proof Hearing(s) – Hearing time			
	Instructing agent			
	Additional factors – Application(s)/Non-Contact Order(s)			
	If two or more additional factors – Application(s)/Non-Contact Orders			
	<b>Pre-Hearing Matters</b>			
	Callover(s) – Preparation			
	Callover(s) – Hearing time			
	Instructing agent			
	Additional factors			
	<b>Defended Hearing(s)</b>			
	Complying with Judge's directions			
	Preparation per anticipated hour of hearing time			
	Hearing time			
	Instructing agent			
Additional factors				

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>User charge deduction (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*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.		Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
<b>APPLICANT</b>	<b>Subsequent Direction(s)</b>			
	Subsequent Application(s) that Final Non-Contact Order(s) apply against other persons			
	Variation or extension of a Temporary or Final Non-Contact Order(s)			
	Discharge of Non-Contact Order(s) (on application or by operation of law)			
	Additional factors			
<b>RESPONDENT</b>	<b>Termination of Instructions</b>			
	Initial instructions not carried through			
	<b>Application(s)/Order(s)</b>			
	Application(s)/Order(s)			
	Additional factors			
	If two or more additional factors			
	Attending a respondent in custody			
	<b>Pre-Hearing Matters</b>			
	Callover(s) – Preparation			
	Callover(s) – Hearing Time			
	Instructing agent			
	Additional factors			
	<b>Defended Hearing(s)</b>			
	Complying with Judge’s directions			
	Preparation			
	Hearing time			
	Costs Application – when respondent applies for costs or defends an application for costs			
	Instructing agent			
	Additional factors			
	<b>Subsequent Direction(s)</b>			
Variation of a Temporary or Final Non-Contact Order(s)				
Notification of discharge of Non-Contact Order(s)				
	Additional factors			
<b>ALL Pre-Proceedings Settlements</b>				
	Negotiation of Settlement <sup>1</sup>			

<sup>1</sup> This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

	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"/>
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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"/>															
<b>Fixed Fee Plus Activities<sup>2</sup></b>																		

<sup>2</sup> 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 – in-house		
Court-directed bundles – third party		
Court filing fee		
Deed of Assignment		
Document process server		
Interpreter		
Library		
Non-lawyer (Applicants and fixed fee plus require prior approval)		
Office disbursement		
Psychiatric/psychologist reports (pre-approved for Applicant if judge requested)		
Report – Medical (pre-approved if judge requested)		
Restorative justice report (pre-approved for Applicant if judge requested)		
Translator		
Travel – Personal car – necessary – @ \$        per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
Travel Time – Listed Provider B		
Witnesses and expert witnesses – allowance		

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

Witnesses and expert witnesses – travel		

**User charge**

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

**Total amount less the user charge deduction** (incl. GST)\*    \$

**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"/>

**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