



Legal Aid

# 10/23 form 30a Tax Invoice Family Legal Aid Fixed Fees Adoption

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

To: **Legal Aid,** \_\_\_\_\_

Customer \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_

Lead provider \_\_\_\_\_ Provider number \_\_\_\_\_

Law firm \_\_\_\_\_ Firm number \_\_\_\_\_

### Details of claim

**Fixed Fee:** Date fixed fee(s) completed \_\_\_\_\_ **Fixed Fee Plus:** Covers period from \_\_\_\_\_ to \_\_\_\_\_

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>Termination of Instructions</b>			
Initial instructions not carried through			
<b>Application(s)/Order(s)</b>			
Interim Adoption Order(s)			
Second proceeding, such as revocation of interim Adoption Order			
Final Adoption Order(s)			
Application to dispense with consent			<b>(Fixed Fee Plus Activity)</b>
Additional factors – Order(s)			
If two or more additional factors – Order(s)			
<b>Pre-Hearing Matters</b>			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			
<b>Defended Hearing(s)</b>			
Defended hearing(s) – Preparation			<b>(Fixed Fee Plus Activity)</b>
Defended hearing(s) – Hearing time			
Additional factors – Hearing time			
Defended hearing(s) – Instructing agent			
<b>Interim Grant</b>			
Determine merits/prospects of success			
<b>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.

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total Mileage (no GST)</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*If you are not registered for GST, you will be paid the GST excl. amount. There is no GST on mileage.

	Lead Provider		Listed Provider B							
	Provider name or number	Level of experience	Provider rate (excl. GST) \$	Hours	Total fees	Provider name or number	Level of experience	Provider rate (excl. GST) \$	Hours	Total fees
<b>Fixed Fee Plus Activities<sup>2</sup></b>		1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					1 2 3 SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

<sup>2</sup>Activities where prior approval has been sought and granted.

<b>Disbursements</b> (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Report – Medical		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy). There is no GST on mileage.		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
<b>Prior-approval disbursements</b> (attach receipts/invoices, where applicable)		

Progress/Result	Please provide an update on the current status of the proceedings.

*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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		

**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.

**Signature of lead provider**

**Date**

day month year