



Legal Aid

10/23 form 32a
Tax Invoice
Family Legal Aid
Fixed Fees
Care of Children/Guardianship

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

To: Legal Aid,
Customer
Lead provider
Law firm
DX Box Number
City
Provider number
Firm number

Details of claim

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

Interim invoice
Final invoice

Table with 4 columns: Activity description, Number of fixed fees, Fixed fee (excl. GST), Total fixed fees (excl. GST). Rows include Termination of Instructions, Application(s)/Order(s), Interlocutory, Pre-Hearing Matters, etc.

Summary table with 2 columns: Description, Amount (\$). Rows include Total fixed fees, Total fixed fee plus activities, Total disbursements, User charge deduction, Total GST, Total mileage, Total amount.

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

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)
Defended Hearing(s)			
Defended hearing(s) – Preparation			
Defended hearing(s) – Hearing time			
Review of Judgment			
Memorandum of Consent			
Defended hearing(s) – Instructing agent			
Additional factors			
Post-Defended Hearing			
Costs application			
Review hearing (Court directed) – Preparation			
Re-preparation if Review Hearing adjourned (Court directed)			
Review hearing (Court directed) – Hearing time			
Direction of draft Orders			
Review hearing – Instructing agent			
Interim Grant			
Determine merits/prospects of success			

Fixed Fee Plus Activities ¹	Provider name or number	Lead Provider		Listed Provider B			
		Level of experience	Provider rate (excl. GST)	1	2	3	SUP
			\$	Hours	Total fees	Hours	Total fees
		1 2 3					

¹Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Report – Medical		
Title search		
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		
Prior-approval disbursements (attach receipts/invoices, where applicable)		

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.

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