



Legal Aid

10/23 form 34a

# Tax Invoice

## Family Legal Aid Fixed Fees Maintenance

Legal aid file no.

Invoice date

Invoice number

GST number

Lead provider's ref.

To: Legal Aid,

DX Box Number

City

Customer

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>			
First/Only proceeding			
Second proceeding			
Third and subsequent proceedings			
Formal proof hearing – Preparation			
Formal proof hearing – Hearing time			
Memorandum of Consent			
Instructing agent – Formal proof hearing			
Additional factors			
If two or more additional factors			
<b>Interlocutories</b>			
Document preparation where there is no hearing			
Interlocutory hearing(s) – Preparation			
Interlocutory hearing(s) – Hearing time			
<b>Pre-Hearing Matters</b>			
Pre-hearing matters			
Round-table meeting(s) – Preparation			
Round-table meeting(s) – Hearing time			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			
Memorandum of Consent			
Instructing agent – Round-table/mediation/judicial/interlocutories			
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>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.

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>Defended Hearing(s)</b>			
Complying with Judge's directions			
Defended hearing(s) – Preparation			
Defended hearing(s) – Hearing time			
Review of judgment			
Costs application			
Instructing agent			
Additional factors			

<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.

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

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

<b>Disbursements</b> (attach receipts/invoices where applicable)	<b>Units</b>	<b>Total (excl. GST)</b>
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		

<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"/>	\$	

**Lead provider**

**Please tick as appropriate:**

- 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