

10/23 form **40**
Tax Invoice
Family Legal Aid
Fixed Fees
Paternity

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

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 carried through			
Declaration(s)/Application(s)/Order(s)			
Pre-Proceedings			
Paternity Application(s)/Order(s)/Declaration(s)			
DNA test			
Memorandum of Consent			
Formal proof hearing – Preparation			
Formal proof hearing – Hearing time			
Costs application			
Instructing agent			
Additional factors			
If two or more additional factors			
Interlocutorys			
Document preparation where there is no hearing			
Pre-Hearing Matters			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			
Defended Hearing(s)			
Defended application(s)/hearing(s) – Preparation			(Fixed Fee Plus Activity)
Hearing time			
Instructing agent			
Additional factors			
Interim Grant			
Determine merits/prospects of success			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
User charge deduction (excl. GST)*	\$
Total GST*	\$
Total mileage (no GST)	\$
Total amount (incl. GST)*	\$

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

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

¹ Activities 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		
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 applicable)		

User charge	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p>Total amount less the user charge deduction (incl. GST)* \$ <input type="text"/></p>
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Progress/Result	<p>Please provide an update on the current status of the proceedings.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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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