



Legal Aid

10/23 form 40a 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,** _____
 _____ 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)
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			
Interlocutories			
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)*	\$
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		Level of experience			
		Provider rate (excl. GST)		Provider rate (excl. GST)			
		1 2 3	1 2 3 SUP	Hours	Total fees	Hours	Total fees
		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

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)	Units	Total (excl. GST)

Progress/Result	Please provide an update on the current status of the proceedings.
	<div style="border: 1px solid black; height: 200px;"></div>

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.

Signature of lead provider

Date

day month year