

10/23 form **48**  
**Tax Invoice**  
Civil Legal Aid  
Fixed Fees  
Children's Workers Exemption Appeals

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

	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
<b>Interim Grant</b> Determine whether the grant of legal aid is justified			
<b>Termination of Instructions</b> Initial instructions not followed through			
<b>Application(s)/Order(s)</b> Application for Appeal to High Court			
<b>Specialist Reports</b> Cost of instructing specialist			
<b>Pre-hearing Matters</b> Pre-hearing meeting(s) – preparation			
Pre-hearing meeting(s) – time			
Instructing agent			
Additional factors			
<b>Defended Hearing(s)</b> Complying with Judge's directions			
Defended hearing(s) – preparation			
Defended hearing(s) – time			
Instructing agent			
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>User charge deduction (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>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	
	Hours	Total fees	Hours	Total fees
Provider name or number	_____		_____	
Level of experience	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>SUP</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>	
<b>Fixed Fee Plus Activities<sup>1</sup></b>				

<sup>1</sup> Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Birth certificate		
Court-directed bundles – in-house		
Court-directed bundles – third party		
Court filing fee		
Deed of Assignment		
Document and process server		
Drug testing		
Expert consultancy service		
Interpreter		
Library		
Office disbursements		
Psychiatric/Psychologist reports		
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		
Lead Provider Travel – Time – necessary		
Listed Provider B Travel Time – necessary		

Prior-approval disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)

<b>User charge</b>	<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><b>Total amount less the user charge deduction (incl. GST)*</b>     \$ <input style="width: 100px;" type="text"/></p>
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<b>Progress/Result</b>	<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"/>

**Lead provider**

**Please tick as appropriate:**

I have provided a copy of this invoice to the aided person.

**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