

10/23 form **32**

Tax Invoice

Family Legal Aid Fixed Fees

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

Care of Children/Guardianship

	care or enhancing dual dialisi	אייי		
To: Legal Aid,				
	DX Box Number	City		
Customer		Provider nu	ımhor	
·				
Law firm		Firm nu	umber	
Details of	claim			
Fixed Fee: Date fixed fee(s) completed Fixed Fee Plus: Covers period from			to	
Interim invoice	Final invoice			
	nber of fixed fees for repeatable fee activities, activities	Number of	Fixed fee	Total fixed fees
	hearing time, and hearing time activities.	fixed fees	(excl. GST)	(excl. GST)
Application(s)/Order(
	s) – First/Only Proceeding s) – Second Proceeding			
	s) – Second Proceeding s) – Third and Subsequent Proceedings			
Formal Proof Hearing	·			
Formal Proof Hearing				
Memorandum of Cons				
Instructing Agent – Fo				
Additional Factors – A				
Pre-Hearing Matters	, , , , , , , , , , , , , , , , , , , ,			
Pre-Hearing Matters				
Round-Table Meeting	(s) – Preparation			
Round-Table Meeting	· · · · · · · · · · · · · · · · · · ·			
Mediation Conference	-			
Mediation Conference	e(s) – Hearing Time			
Judicial Conference(s)				
Judicial Conference(s)	– Hearing Time			
	ound-table/Mediation/Judicial/Interlocutory			
Additional Factors – P	re-Hearing Matters			
Defended Hearing(s)				
	- Preparation (\$160 per hour of anticipated hearing time)			
Defended Hearing(s) -	- Hearing Time			
Review of Judgment				
Instructing Agent – De				
Additional Factors – D	efended Hearing(s)			
		Total fixed	fees (excl. GST)*	\$
	Т	otal fixed fee plus activi	ities (excl. GST)*	\$
		Total disburseme	ents (excl. GST)*	\$
		User charge deduc	tion (excl. GST)*	\$
		222. 2	Total GST*	\$
		-		
			nileage (no GST)	\$
If you are not registered f	or GST you will be paid the GST excl. amount. There is no GST on	mileage Total am	ount (incl GST)	¢

Version 21 – October 2023 page 1

		Total fixed fees	
fixed fees	(excl. GST)	(excl. GST)	
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-		'	
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in conjunction with any	other activity.		
ad Provider ———	Liste	d Provider B ——	
3	1 2 3	SUP	
Total fees	Hours	Total fees	
		1	
	Units	Total (excl. GST	
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ileage.	user charge amou	unt has not been	
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user charge and the concept by the user charge tion (incl. GST)*	e amount where		
=	ead Provider	Total fees Hours	

continue on a separate sheet if necessary ...

Version 21 – October 2023 page 2

Proceeds of Proceedings	Please provide details of any proceeds of proceedings, including control of the c	osts. Details/Description
Lead provider	I confirm that:	
	 If claiming hearing time, I have records of all hearing time cove This claim is based on the tasks undertaken for the relevant active disbursements actually and reasonably incurred No other payment, remuneration or benefit has been or will be work (unless authorised by Legal Aid). Any non-lawyer or supervised provider performed his or her wand I am responsible for it. I acknowledge that: 	tivity/activities and e received in respect of this
	 If this case is subject to a user charge, the total approved paym amount of the user charge where the total approved is more the 	
	Signature of lead provider	Date day month y

Version 21 – October 2023 page 3