

10/23 form **41a Tax Invoice**

Fixed Fees

Family Legal Aid

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

id file no.	
oice date	
e number	
T number	
ider's ref.	

Protection of Personal & Property Rights (PPPR)

To: Legal Aid,				
	DX Box Number	City		
Customer				
Lead provider		Provider number		
Law firm				
Detail	s of claim			
		ions pariod from	to	
	ed fee(s) completed Fixed Fee Plus: Com	/ers period from	to	
Interim invoid	E Final invoice			
	e number of fixed fees for repeatable fee activities, activities	Number of Fiz	xed fee	Total fixed fees
based on anticipa	ated hearing time, and hearing time activities.	fixed fees (ex	xcl. GST)	(excl. GST)
Termination of I	nstructions			
Initial instruction	s not carried through			
Application(s)/O				
	y Interim and/or Final Order(s)			
Second Proceedin	-			
	nring(s) (if defended) – Preparation nring(s) (if defended) – Hearing time			
	Consent (where no notice of defence has been filed)			
Additional factor	- · · · · · · · · · · · · · · · · · · ·			
If two or more ad	-			
		L		
Interlocutories				
Document prepa	ration where there is no hearing			
Interlocutory hea	aring(s) – Preparation	·	(Fixed	d Fee Plus Activity)
Interlocutory hea	aring(s) – Hearing time			
Pre-Hearing Mat				
	ce(s) – Preparation			
Judicial Conferen	ce(s) – Hearing time			
Defended Hearin				
Pre-trial Conferen				
Complying with J	udge's directions			
	g(s) – Preparation			
	g(s) – Hearing time			
Costs application				
Instructing agent				
Interim Grant				
Determine merits	s/prospects of success			
		Total fixed fees (e	excl. GST)*	\$
		Total fixed fee plus activities (e		\$
		Total disbursements (e		\$
			otal GST*	\$
		Total mileage	e (no GST)	\$

Total amount (incl. GST)* \$

Total fees	1 2 3 SU 1 2 3 SU 5	JP Total fees Total fees Total (excl. GST)
Total fees	\$ Hours	Total fees
Total fees	Hours	
Total fees	Hours	
Total fees		
	Units	Total (excl. GST)
		1
eage.		
.		
		1

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	
Lead provider	 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 pro	vider			Date	

day month year