



08/17 form **30**
Tax Invoice
Family Legal Aid Fixed Fee
Adoption

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

To: **Legal Aid,** _____
 _____ DX Box Number _____ City _____
 Name of aided person _____
 Name of lead provider _____ Provider number _____
 Name of law firm _____ Firm number _____

Details of claim

Date latest activity completed _____
 Date of final disposition (if final invoice) _____ 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)
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Termination of Instructions

Initial instructions not carried through		
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Application(s)/Order(s)

Interim Adoption Order(s)		
Second proceeding, such as revocation of interim Adoption Order		
Final Adoption Order(s)		
Application to dispense with consent		Estimate by amendment
Additional factors – Order(s)		
If two or more additional factors – Order(s)		

Pre-Hearing Matters

Judicial Conference(s) – Preparation		
Judicial Conference(s) – Hearing time		

Defended Hearing(s)

Defended hearing(s) – Preparation		
Defended hearing(s) – Hearing time		Estimate by amendment
Additional factors – Hearing time		
Defended hearing(s) – Instructing agent		

Interim Grant

Determine merits/prospects of success		
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Pre-Proceedings Settlements

Negotiation of Settlement ¹		
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¹This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

Total fixed fees (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
User charge deduction (excl. GST)*	\$
Total GST*	\$
Total amount (incl. GST)*	\$

*If you are not registered for GST, you will be paid the GST excl. amount

Disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

Court-directed bundles – in-house		
Court-directed bundles – third party		
Document and process server		
Interpreters		
Office disbursement		
Report – Medical		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel Time – necessary		
Witnesses and expert witnesses – allowances		

Prior-approval disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

Witnesses and expert witnesses – travel		

User charge

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

Total amount less the user charge deduction (incl. GST)* \$

Progress/Result

Please provide an update on the current status of the proceedings or attach a copy of the order/agreement/judgment etc.

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

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