



**Family Legal Aid Fixed Fee
Children & Young Persons (CYP)**

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)
Termination of Instructions			
Initial instructions not followed through			
Declaration(s)/Application(s)/Order(s)			
Declaration(s) and/or other CYPF Act Order(s)			
Declaration(s) and/or other CYPF Act Order(s) – second proceeding			
First plan and report – preparation			
First plan and report – hearing time			
Application to vary or discharge a special guardianship order			
Appeals against financial decisions – preparation			
Appeals against financial decisions – hearing time			
Instructing agent			
Additional factors			
If two or more additional factors			
Interlocutories			
Document preparation where there is no hearing			
Interlocutory hearing(s) – preparation			
Interlocutory hearing(s) – hearing time			
Pre-Hearing Matters			
Pre-hearing matters			
Specialist reports			
Round table meeting(s) – preparation			
Round table meeting(s) – hearing time			
Mediation Conference(s) (Counsel/Judge-led) – preparation			
Mediation Conference(s) (Counsel/Judge-led) – hearing time			
Judicial Conference(s) – preparation			
Judicial Conference(s) – hearing time			
Instructing agent			
Additional factors			
Defended Hearing(s)			
Complying with Judge's directions			
Defended hearing(s) – preparation			
Defended hearing(s) – hearing time			
Review of judgment			
Instructing agent			
Additional factors			

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

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

Review of Case/Plan		
Review(s) of Case Plan – preparation		
Review(s) of Case Plan – hearing time		
Instructing agent		
Additional factors – post-defended hearing		
Family Group Conference		
Family Group Conference ¹		

Interim Grant		
Determine merits/prospects of success		
Pre-Proceedings Settlements		
Negotiation of Settlement ²		

¹This fee can only be claimed if prior approval has been given to prepare for and attend Family Group Conference.

²This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

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

Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Interpreters		
Office disbursement		
Report – Medical		
Title search		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – 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		

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"/>

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