

08/17 form **32**  
**Tax Invoice**

**Family Legal Aid Fixed Fee  
Care of Children/Guardianship**

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)
<b>Application(s)/Order(s)</b>			
Application(s)/Order(s) – First/Only Proceeding			
Application(s)/Order(s) – Second Proceeding			
Application(s)/Order(s) – Third and Subsequent Proceedings			
Formal Proof Hearing(s) – Preparation			
Formal Proof Hearing(s) – Hearing Time			
Memorandum of Consent			
Instructing Agent – Formal Proof Hearing(s)			
Additional Factors – Application(s)/Order(s)			
<b>Pre-Hearing Matters</b>			
Pre-Hearing Matters			
Round-Table Meeting(s) – Preparation			
Round-Table Meeting(s) – Hearing Time			
Mediation Conference(s) – Preparation			
Mediation Conference(s) – Hearing Time			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing Time			
Instructing Agent – Round-Table/Mediation/Judicial/Interlocutory			
Additional Factors – Pre-Hearing Matters			
<b>Defended Hearing(s)</b>			
Defended Hearing(s) – Preparation (\$160 per hour of anticipated hearing time)			
Defended Hearing(s) – Hearing Time			
Review of Judgment			
Instructing Agent – Defended Hearing(s)			
Additional Factors – Defended Hearing(s)			
<b>Post-Defended Hearing</b>			
Costs Application			
Review Hearing – Preparation			
Review Hearing – Hearing Time			
Instructing Agent – Review Hearing			
<b>Interim Grant</b>			
Interim Grant – Determine Merits/Prospects of Success			
<b>Pre-Proceedings Settlements</b>			
Negotiation of Settlement <sup>1</sup>			

<sup>1</sup>This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

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

\*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)

DNA testing aided person		
Document and Process server		
Office disbursement		
Report – Medical		
Title search		
Travel – Personal car – Required – @ \$      per km (as per policy)		
Travel – Time – Required		

**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