



Legal Aid

07/19 form 32

Tax Invoice

Family Legal Aid

Fixed Fees

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 _____
 Customer _____
 Lead provider _____ Provider number _____
 Law firm _____ Firm number _____

Details of claim

Fixed Fee: Date fixed fee(s) completed _____ **Fixed Fee Plus:** Covers period from _____ to _____

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)
Application(s)/Order(s)			
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)			
Pre-Hearing Matters			
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			
Defended Hearing(s)			
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)			
Post-Defended Hearing			
Costs Application			
Review Hearing – Preparation			
Review Hearing – Hearing Time			
Instructing Agent – Review Hearing			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (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

Interim Grant	
Interim Grant – Determine Merits/Prospects of Success	<input style="width: 100%;" type="text"/>
Pre-Proceedings Settlements	
Negotiation of Settlement ¹	<input style="width: 100%;" type="text"/>

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

	Lead Provider		Listed Provider B	
	Provider name or number	Level of experience	Provider rate (excl. GST)	Provider name or number
	<div style="display: flex; justify-content: space-around;"> 123 </div> <input style="width: 100%; height: 20px;" type="text"/>	<div style="display: flex; justify-content: space-around;"> 123SUP </div> <input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Fixed Fee Plus Activities²	Hours	Total fees	Hours	Total fees

²Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
DNA testing aided person		
Document and process server		
Drug testing – Judge directed		
Office disbursement		
Report – Medical		
Title search		
Travel – Personal car – Required – @ \$ per km (as per policy)		
Travel – Time – Required		

User charge	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p>Total amount less the user charge deduction (incl. GST)* \$ <input style="width: 100%;" type="text"/></p>
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Progress/Result	<p>Please provide an update on the current status of the proceedings.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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.

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