



Legal Aid

07/19 form 33

Tax Invoice

Family Legal Aid Fixed Fees

Family Violence (Applicant & Respondent)

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)
Termination of Instructions				
	Initial instructions not carried through			
Application(s)/Order(s)				
	Application(s)/ Order(s)			
	Undefended second and third Family Violence applications			
	Undefended fourth and subsequent Family Violence applications			
	Defended Protection Order			
	Defended second and third Family Violence applications			
	Formal proof hearing – Preparation			
	Formal proof hearing – Hearing time			
	Instructing agent – Formal proof hearing			
A	Additional factors			
P	If two or more additional factors			
P	Interlocutories			
L	Document preparation where there is no hearing			
I	Pre-Hearing Matters			
C	Pre-hearing matters			
A	Judicial Conference(s) – Preparation			
N	Judicial Conference(s) – Hearing time			
T	Instructing agent – Judicial Conference			
	Additional factors			
Defended Hearing(s)				
	Complying with Judge's directions			
	Defended hearing(s) – Preparation			
	Defended hearing(s) – Hearing time			
	Defended hearing(s) – Instructing agent			
	Additional factors			
Subsequent Direction(s)				
	Application to discharge any existing Protection Order(s) when required to do so in order to progress another proceeding			

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

R E S P O N D E N T	Termination of Instructions		
	Initial instructions not carried through		
	Application(s)/Order(s)		
	Application(s)/Order(s)		
	Objection to programme		
	Defended second and third Family Violence applications		
	Additional factors		
	If two or more additional factors		
	Pre-Hearing Matters		
	Pre-hearing matters		
	Judicial Conference(s) – Preparation		
	Judicial Conference(s) – Hearing time		
	Instructing agent – Judicial Conference		
	Additional factors		
	Defended Hearing(s)		
	Complying with Judge’s direction		
	Defended hearing(s) – Preparation		
	Defended hearing(s) – Hearing time		
	Costs application when respondent applying for costs or defending an application for costs		
	Defended hearing(s) – Instructing agent		
Additional factors			
Interim Grant			
Determine merits/prospects of success			
Pre-Proceedings Settlements			
Negotiation of Settlement ¹			

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

	Provider name or number	Lead Provider		Listed Provider B																			
		Level of experience	Provider rate (excl. GST) \$	Hours	Total fees	Hours	Total fees																
Fixed Fee Plus Activities²		<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	1	2	3				\$			<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>SUP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1	2	3	SUP					\$		
1	2	3																					
1	2	3	SUP																				

²Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Drug testing – Judge directed		
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 – Time – necessary		

Prior-approval disbursements (attach receipts/invoices, where applicable)

Total (excl. GST)

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.

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