



# 08/17 form 36 Tax Invoice Family Legal Aid Fixed Fee Plus

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

Fixed fee schedule(s) this invoice covers: \_\_\_\_\_

Covers period from: \_\_\_\_\_ to: \_\_\_\_\_

Interim invoice  Final invoice Date of final disposition (if final invoice): \_\_\_\_\_

Provider name or number	Lead Provider			Listed Provider B			
	1	2	3	1	2	3	SUP
Level of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider rate (excl. GST)	\$ <input type="text"/>			\$ <input type="text"/>			

Proceeding	Estimate Activities <sup>1</sup>	Hours	Total fees	Hours	Total fees
Adoption	Application to Dispense with Consent				
	Defended hearing(s) – Preparation				
Children & Young Persons	Interlocutory hearing(s) – Preparation				
Care of Children/Guardianship	Interlocutory hearing(s) – Preparation				
Maintenance	Interlocutory hearing(s) – Preparation				
Paternity	Defended application(s)/hearing(s) – Preparation				
PPPR	Interlocutory hearing(s) – Preparation				
Relationship Property	Interlocutory hearing(s) – Preparation				

Proceeding	Other Activities <sup>2</sup> (specify)	Hours	Total fees	Hours	Total fees

<sup>1</sup> Activities that require an estimate and approval has been granted.  
<sup>2</sup> Activities where prior approval to replace fixed fee with hours has been sought and granted.

<b>Total fees (excl. GST)*</b>	\$
<b>Total hearing time (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

Hearing Time	Number of half hour blocks	Fee per half hour (excl. GST)	Total hearing time (excl. GST)
Adoption – Defended hearing(s)			
Children & Young Persons (CYP) – Interlocutory hearing(s)			
Care of Children/Guardianship – Interlocutory hearing(s)			
Maintenance – Interlocutory hearing(s)			
Paternity – Defended hearing(s)			
Relationship Property – Interlocutory hearing(s)			

**Other Hearing Time** (specify)

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**Other Hearing Time – Relationship Property only** (specify)

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

Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing other party		
Drug testing		
Interpreters		
Photocopying (specify number of pages)		
Report – Psychiatric/psychologist		
Travel – Accommodation and meals		
Translators		
Travel – Personal car – necessary – @ \$      per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel Time – Lead Provider		
Travel Time – Listed Provider B		
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