



08/17 form **40**  
**Tax Invoice**

**Family Legal Aid Fixed Fee**  
**Paternity**

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.**

<b>Number of fixed fees</b>	<b>Fixed fee (excl. GST)</b>	<b>Total fixed fees (excl. GST)</b>
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**Termination of Instructions**

Initial instructions not carried through		
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**Declaration(s)/Application(s)/Order(s)**

Pre-Proceedings			
Paternity Application(s)/Order(s)/Declaration(s)			
DNA test			
Memorandum of Consent			
Formal proof hearing – Preparation			
Formal proof hearing – Hearing time			
Costs application			
Instructing agent			
Additional factors			
If two or more additional factors			

**Interlocutory**

Document preparation where there is no hearing			
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**Pre-Hearing Matters**

Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			

**Defended Hearing(s)**

	<b>Estimate by amendment</b>	
Defended application(s)/hearing(s) – Preparation		
Hearing time		
Instructing agent		
Additional factors		

**Interim Grant**

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

Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Interpreters		
Office disbursement		
Report – Medical		
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		
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