



9/08 form 10

Tax Invoice

Family Legal Aid

Legal aid file No.

Invoice date

Invoice number

GST number

Lead provider's matter/file No.

To: **Legal Services Agency**, PO Box/DX City

Name of aided person

Name of lead provider

Name of law firm

Details of claim

Forum Category 1 2 3 4

Type of proceedings this invoice covers:

Covers period from: to: Final invoice Interim invoice

Please note: you must fill in the 'Exceeds guideline hours' section over the page if you are claiming for hours in addition to the steps, and you have not already submitted a Form 9 amendment.

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

Step Number	Activities	Hours	Total Fee	Hours	Total Fee	LSA Office Use Only
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
			\$		\$	
Other (specify)			\$		\$	
			\$		\$	
Total Fees (incl. GST)					\$	

Claim by type of proceeding
(If this claim relates to multiple proceedings you must state the portion of the claim that relates to each)

<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

Disbursements (specify)

<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$
Total disbursements (incl. GST)*	\$
Grand total (incl. GST)*	\$

LSA office use only

*If you are not registered for GST, you will be paid the GST exclusive amount

Approve Defer Further information Refuse

Name

Signature

Date

day month year

Comments

Exceeds guideline hours

This section only applies to grants approved on or after 1 March 2007

Fill in this section if you are claiming for hours in addition to the steps.

Have any of the matters for which you have exceeded the guideline hours or the pre-approved hours, been disposed of by a court tribunal or any other means?

No

Yes → Date of final disposition

→ Please outline reasons for delay in submitting this amendment (refer to section 24 of the Legal Services Act 2000)

continue on a separate sheet if necessary...

Reasons

Give reasons for exceeding Guideline Hours or pre approved hours for each activity to support an amendment to the grant. The agency will consider this information as an application to amend the grant. If insufficient detail is provided a form 9 amendment application may be required.


Step Number	Activities	Reasons

continue on a separate sheet if necessary...

Work completed

If this is a final invoice, please state work completed (refer to Agency steps) and the results of the proceedings.

If this is an interim invoice, please state work completed for the part of the proceedings being claimed (refer to Agency steps).

 If this is a final invoice, attach a copy of the order, agreement or judgment, etc.

continue on a separate sheet if necessary...

Proceeds of proceedings

Please provide details of any proceeds of proceedings

Costs	Cash	Assets	Other	Amount/value	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

Lead provider

I confirm that:

- This claim is based on the hours 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 the Agency).
- Any non-lawyer or secondary provider for whom a claim is made, performed his or her work under my direct supervision and I am responsible for it.

Signature of lead provider

Date

day month year

Is an 'Amendment to Grant' submitted with this invoice? No Yes