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**Children’s Court (Family Division) ABN: 42335622126**

**Private Practitioner Duty Lawyer Scheme**

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| ***Ensure this claim is submitted electronically to the VLA office that referred the duty lawyer matters within 30 days of the referral. If matters were referred by multiple VLA offices, please submit the invoice to the VLA office where the majority of services were provided.*** | | | | | | | | | | | | | |
| **SERVICE PROVIDER DETAILS** | | | | | | | | | | | | | |
| Practitioner name | Click here to answer | | | | | | | | | | | | |
| Firm (office) name | Click here to answer | | | | | | | ABN | | | | Click here to answer | |
| Court location | Click here to answer | | | | | | | Date of service | | | | Click here to answer | |
| **CLAIM FOR TIME SPENT ON ALLOCATED DUTY LAWYER MATTERS** | | | | | | | | | | | | | |
| *(Note: use 24-hour clock and round up or down to the nearest 15 minutes)* | | | | | | | | | | | | | |
| **HALO Reference Numbers** | | | Click here to answer | | | | | | Click here to answer | | | | |
| Click here to answer | | | | | | Click here to answer | | | | |
| Click here to answer | | | | | | Click here to answer | | | | |
| Time allocated/ referred: | | | | | Click here to answer | | | | | | | | |
| Time allocated matter(s) concluded: | | | | | Click here to answer | | | | | | | | |
| * *Duration of breaks (deduct):* | | | | | Click here to answer | | | | | | | | |
| * *Time spent other matters (deduct):* | | | | | Click here to answer | | | | | | | | |
| **TOTAL DUTY TIME CLAIMED:** | | | | | Click here to answer | | | | | **(Hours:Minutes)** | | | |
| **ABOUT THE DUTY LAWYER SERVICES CLAIMED** | | | | | | | | | | | | | |
| **Number of appearance types** | | | | | | **Client information** | | | | | | | |
| Protection Application | | Click here to answer | | | | Total duty lawyer clients: | | | | | Click here to answer | | |
| Family Violence/Personal Safety | | Click here to answer | | | | Total indigenous clients: | | | | | Click here to answer | | |
| Matters at secondary court location | | Click here to answer | | | | Total child clients: | | | | | Click here to answer | | |
| **DUTY LAWYER DECLARATION** | | | | | | | | | | | | | |
| I declare that:  I delivered the duty lawyer services claimed and the information provided in support of this claim is correct.  I have completed a duty lawyer record for each service provided and will manage the records in accordance with the requirements set out in Victoria Legal Aid’s [Payments and records management for private practitioner duty lawyers](http://www.legalaid.vic.gov.au/information-for-lawyers/doing-legal-aid-work/private-practitioner-duty-lawyers/payments-and-records-management-for-private-practitioner-duty-lawyers) web page, including making the records available for inspection by Victoria Legal Aid on request; AND  I have provided HALO reference numbers for each Child Protection Duty Lawyer referral and/or signed Certificate of Authorisation (COA) for other matters. | | | | | | | | | | | | | |
| **AMOUNT CLAIMED INCLUDING GST:** | | | | **$**  **Click here to answer** | | | | | | | | | |
| **PRACTITIONER’S SIGNATURE** | | | |  | | | **DATE OF ISSUE:** | | | | | | **Click here to answer** |
| **VLA USE ONLY** | | | | | | | | | | | | | |
| 1. Confirm before certifying payment:  * a fully completed **Certificate of Authorisation** isattached or **HALO reference number(s)** noted * the Certificate of Authorisation or HALO reference number(s) match VLA records * correct amount claimed (one matter/daily cap applied)  1. If incorrect fees claimed and/or invoice is incomplete, refer inaccurate claim or incomplete invoice to service provider with guidance. | | | | | | | | | | | | | |