

TAX INVOICE
VICTORIA LEGAL AID DUTY LAWYER - CLAIM FORM
 ABN: 42335622126

This claim cannot be certified unless fully completed and submitted with the Private Practitioner Duty Lawyer Record form for each client assisted.

1. Practitioner Name: _____
 2. Firm (Office) Name: _____ ABN: _____
 3. Court Location: _____ 4. Date Of Service: _____

TIMES

5. Time of Arrival: _____
 6. Time of Departure: _____

minus

7. Duration of Lunch _____
 8. Time on Private Funded Matters _____
 9. Time on Legal Aid Grants: _____
 10. Total Duty Time Worked: _____ *(Round up or down to nearest half hour)*

DUTY LAWYER SERVICES PERFORMED: Please indicate total numbers in each court & of each work type

MAGISTRATES' COURT		
No. Clients Seen	Duration (minutes)	No. in each Jurisdiction
<input type="checkbox"/> Bail	<input type="checkbox"/> Bail	<input type="checkbox"/> Criminal
<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
<input type="checkbox"/> Mention	<input type="checkbox"/> Mention	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
<input type="checkbox"/> Plea	<input type="checkbox"/> Plea	<input type="checkbox"/> Criminal
<input type="checkbox"/> Advice	<input type="checkbox"/> Advice	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
Total Clients:	Total Duration:	Total Clients:

CHILDREN'S COURT		
No. Clients Seen	Duration (minutes)	No. in each Jurisdictions
<input type="checkbox"/> Bail	<input type="checkbox"/> Bail	<input type="checkbox"/> Criminal
<input type="checkbox"/> Hearing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
<input type="checkbox"/> Mention	<input type="checkbox"/> Mention	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
<input type="checkbox"/> Plea	<input type="checkbox"/> Plea	<input type="checkbox"/> Criminal
<input type="checkbox"/> Advice	<input type="checkbox"/> Advice	<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Civil
Total Clients:	Total Duration:	Total Clients:

No. of Indigenous Clients:

DUTY LAWYER DECLARATION:

- I performed the duty lawyer services referred to in this report and claim form under the Legal Aid Act.
- I attended court as a duty lawyer on the date referred to in this report and claim form but I did not perform any duty lawyer services.

AMOUNT CLAIMED INCLUDING GST: \$

\$143.00 per hour (GST Inc) or maximum of \$858.00 per day (GST Inc)

DUTY LAWYER'S SIGNATURE **DATE OF ISSUE:**/...../20 ..

VLA USE ONLY

Certification Officer: **Date Certified:**/...../20 ...

