

TAX INVOICE
CHILDREN'S COURT FAMILY DIVISION
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: Melbourne Moorabbin 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

CHILDREN'S COURT	
No. Clients Seen	Duration
<input type="checkbox"/> Protection Application	<input type="checkbox"/> Protection Application
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Family Violence
Total Clients:	Total Duration:

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 to a maximum of 5 hours, and where a duty lawyer is allocated one matter only, the fee claimable shall not exceed \$358.00.

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

VLA USE ONLY

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

