# logo_resize_horClaim Form / Tax Invoice

# Private Practitioner Duty Lawyer Conflict Scheme

**Victoria Legal Aid (ABN: 42335622126)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This claim cannot be paid unless BOTH sides of the form have been fully completed** | | | | | | | | | |
| **Practitioner name:** | |  | | | | **Court location:** |  | | |
| **Firm (office) name:** | |  | | | | **Date of service:** |  | | |
| **ABN:** | |  | | | | **\*Time worked:** | \_\_\_     \_\_\_H:\_\_\_     \_\_\_M | | |
| \*Time worked instruction | | | | | | | | | |
| Time spent on allocated matters  *Round up or down to nearest 15 mins. Do not include time spent on other tasks – such as lunch breaks, privately funded matters, matters funded under a grant of legal assistance.* | | | | | | | | | |
| Duty lawyer services provided | | | | | | | | | |
| Indicate the total number of clients seen and total time spent providing services for each client type, court type and work type. | | | | | | | | | |
| **MAGISTRATES’ COURT – Summary Crime** | | | | | **MAGISTRATES COURT- Family Violence** | | | | |
| **Appearances** | | | **No. clients** | **Duration** | **Appearances** | | | **No. clients** | **Duration** |
| Bail | | |  |  | Mention | | |  |  |
| Mention | | |  |  | Interim hearing | | |  |  |
| Plea | | |  |  | Directions hearing | | |  |  |
| Other: | | |  |  | Hearing | | |  |  |
| **Non appearances** | | |  |  | Other: | | |  |  |
| Information only | | |  |  | **Non appearances** | | |  |  |
| Procedural advice only | | |  |  | Information only | | |  |  |
| Legal advice only | | |  |  | Procedural advice only | | |  |  |
| Case conference | | |  |  | Legal advice only | | |  |  |
| **TOTAL** | | |  |  | **TOTAL** | | |  |  |
| **CHILDREN’S COURT – Summary Crime** | | | | **CHILDREN’S COURT- Family Violence** | | | | |
| **Appearances** | | | **No. clients** | **Duration** | **Appearances** | | | **No. clients** | **Duration** |
| Bail | | |  |  | Mention | | |  |  |
| Interim hearing | | |  |  | Interim hearing | | |  |  |
| Mention | | |  |  | Directions hearing | | |  |  |
| ROPES | | |  |  | Hearing | | |  |  |
| Plea | | |  |  | Other: | | |  |  |
| Other: | | |  |  | **Non appearances** | | |  |  |
|  | | |  |  | Information only | | |  |  |
|  | | |  |  | Procedural advice only | | |  |  |
|  | | |  |  | Legal advice only | | |  |  |
| **TOTAL** | | |  |  | **TOTAL** | | |  |  |
| **Number of Indigenous clients:**       **(All lists)** | | | | | **Number of child clients:**       **(Family Violence Lists)** | | | | |

|  |  |
| --- | --- |
| Private Practitioner Duty Lawyer declaration | |
| I declare that:  I provided the duty lawyer services recorded on this form, under the *Legal Aid Act* 1978 AND  I have completed a duty lawyer record for each service provided. I will manage the records in accordance with the requirements set out on 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 and agree to make them available for inspection by Victoria Legal Aid on request AND  I attach the completed Certificate of Authorisation to verify allocation of matters.  **Amount claimed including GST $*****($175.00 per hour to a maximum of three hours if only one matter allocated, or otherwise up to six hours – as from 1 Jan 2024)  ($438.00 maximum rate if only one matter allocated in Children’s Court Family Division – as from 1 Jan 2024)***  **Private Practitioner’s signature:** **Date of issue:** | |
|  | |
| Before certifying payment:  Confirm a fully completed **Certificate of Authorisation** is attached.  Confirm the Certificate matches the **Daily Allocation Sheet.**  Name of officer certifying payment:  Copy with Certificate of Authorisation please return | Date payment certified: / / 20  Date scanned: / / 20 |

**Brief outline of work performed:**