# logo_resize_horClaim Form / Tax Invoice

# Private Practitioner Duty Lawyer Conflict Scheme

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

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| **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)** |

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| 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:**       |
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| 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:**