Legal Services Society

British Columbia
www.lss.bc.ca

CC SECTION 278 VICTIM REPRESENTATION BILLING FORM

FORM 13

Case no. * Referral no. *

Lawyer * Lawyer vendor no. *

Client name *

Date of assignment (dd / mm / yyyy) *

Co-accused case no(s)

*Indicates a required field.

1 Independent legal advice
2 Disclosed by consent
3 Disclosed/Hearing
4 Not disclosed/Hearing

Court information/Indictment # Prov.	Supreme	Most serious offence	Court location #	Level	Results
				1 ☐ Youth 2 ☐ Adult	

Early termination
1 ❑ Case abandoned
2 ❑ Change of lawyer
3 ❑ Client proceeding alone
4 ❑ Client no-show

Service date (dd / mm / yyyy)	1/2 days am✔	1/2 days pm✔	Service provider ** Status	Service provider ** Vendor #	Description of service	Tariff code	Time Hrs	Time 10ths	Fees claimed

** If not the lawyer named at the top of the page

Total hrs. 0 0

LSS total $ 0.00

Do not include GST or holdbacks/reductions in above total. Use **Lawyer use only** box for GST/holdback/ reduction calculations.

Reset Form

I certify that I have performed and correctly described the services billed for according to the tariff contract, unless the account notes specify otherwise, and that I delivered the services as a member in good standing of the Law Society of BC, and that I hold a practising certificate.

Signature

Date of last service to client
(dd / mm / yyyy) *

Billing date
(dd / mm / yyyy) *

Lawyer's GST reg. number: *

Lawyer use only (optional)

LSS total:	$ 0.00
Adjustment:	($)
Subtotal:	$ 0.00
GST:	$
Net total:	$ 0.00