



Legal  
Services  
Society

British Columbia  
www.lss.bc.ca

## CIRCUIT COUNSEL BILLING FORM

**FORM 17**

Circuit counsel file number _____*	Referral no. _____*
Lawyer _____*	Lawyer vendor no. _____*
Date of assignment ( dd / mm / yyyy ) _____*	

\*Indicates a required field.

### Referral details

Service date ( dd / mm / yyyy ) _____
Location _____ Location code _____

### Result details

Service	Service code	am ✓	pm ✓	No. of clients	Results				
					# Bail	# Plea / Negotiated resolution	# Trial / Hearing	# Advice	# Other
Youth criminal	4001								
Adult criminal	4002								
CFCSA	4003								
Family	4004								

Enter no. of clients for each result above.

Preparation time allocated to this date

_____
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Court hours this date

Time	
Hrs	10ths
_____	_____

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 \_\_\_\_\_

Billing date

_____ ( dd / mm / yyyy ) *
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#### Lawyer use only (optional)

LSS total:	\$ _____
Adjustment:	(\$ _____ )
Subtotal:	\$ _____
GST:	\$ _____
Net total:	\$ _____

Fees

\$ _____
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Late sitting fee  
*(If applicable)*

\$ _____
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Travel fee  
*(If applicable)*

\$ _____
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LSS total

\$ _____
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Lawyer's GST reg. number:

_____ *
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