

These are the blank
tariff billing forms for you
to make photocopies as
needed.



Legal Services Society

British Columbia
www.lss.bc.ca

CRIMINAL BILLING FORM

Case no. _____ Referral no. _____
 Lawyer _____ Lawyer vendor no. _____
 Client name _____
 Date of assignment (dd/mm/yyyy) _____
 Co-accused case no(s) _____

Stage:		Result codes:																	
1 Prior to hearing	2 Prelim. hearing	3 Trial	4 Sentencing	1 Client proceeding alone	2 No charge sworn	3 Failure to appear	4 Change of lawyer	5 Stay	6 Diversion	7 Consent committal	8 Committed to trial	9 Discharge	10 Incomplete	11 Guilty plea	12 Acquitted	13 Found guilty	14 Peace bond	15 Mistrial	16 Cond Sent Order

Info	Court information/Indictment #		Offence code(s)			Offence date (dd/mm/yyyy)	Court location #	Level	Stage	Results			Sentencing		Jail time		
	Provincial	Supreme	1st	2nd	3rd					1st charge	2nd	3rd	1 <input type="checkbox"/> fine 2 <input type="checkbox"/> probation 3 <input type="checkbox"/> jail	4 <input type="checkbox"/> time served 5 <input type="checkbox"/> conditional sentence			
1st								1 <input type="checkbox"/> Youth 2 <input type="checkbox"/> Adult									
2nd								1 <input type="checkbox"/> Youth 2 <input type="checkbox"/> Adult									

Enter time & units:
for example:
30 D (days)
14 M (mos)
2 Y (yrs)

Service date (dd/mm/yyyy)	1/2 days		Service provider**		Description of service	Tariff code	Info		Fees claimed
	am <input checked="" type="checkbox"/>	pm <input checked="" type="checkbox"/>	Status	Vendor #			1st <input checked="" type="checkbox"/>	2nd <input checked="" type="checkbox"/>	

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

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 use only (optional)

LSS total: \$ _____

Adjustment: (\$ _____)

Subtotal: \$ _____

GST: \$ _____

Net total: \$ _____

LSS total \$ _____

Do not include GST or adjustments in above total. Use **Lawyer use only** box.

Lawyer's GST reg. number:



FAMILY BILLING FORM FINAL RESULTS REPORT

Completing this form closes the LSS file for this case. No further billings will be accepted from you.

Case no. _____ Referral no. _____
 Lawyer _____ Lawyer vendor no. _____
 Client name _____
 Date of assignment (dd/mm/yyyy) _____

Result codes:

- 1 = Negotiation
- 2 = Mediation
- 3 = Interim consent order
- 4 = Interim court order
- 5 = Final consent order
- 6 = Final court order
- 7 = Unresolved
- 8 = Appeal allowed
- 9 = Appeal dismissed

Early termination

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

Costs awarded \$ _____

- 1 To client
- 2 Against client

Costs collected? If not, are costs recoverable?

- 1 Yes
- 2 No
- 1 Yes
- 2 No

↕ Enter result codes into the spaces below ↕

Issues:	Access	Custody	Divorce	Child maintenance	Spousal maintenance	Possession of home	Property division	Restraining order — assets	Restraining order — person
1 Court file no. _____	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)
2 Court file no. _____									
3 Court file no. _____									

Signature _____

Billing date
(dd/mm/yyyy)



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CRIMINAL DUTY COUNSEL BILLING FORM

FORM 14

Duty 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 _____

Total hours authorized _____

Alternate service provider (emergencies only)

Lawyer _____ Lawyer vendor no. _____

Hours _____

Result details

Description of service	Service code	No. of clients	Results					Time	
			# Detained	# Released	# Plea/Sentence	# Advice	# Other	Hrs	10ths
Adults in custody	1001								
Adults out of custody	1002								
Youth in custody	1003								
Youth out of custody	1004								

Enter no. of clients for each result above.

Total hours

Fees claimed

Subtotal \$

Travel fee
(If authorized) \$

LSS total \$

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Signature _____

Billing date
(dd / mm / yyyy) _____ *

Lawyer use only (optional)

LSS total: \$

Adjustment: (\$)

Subtotal: \$

GST: \$

Net total: \$

Lawyer's GST reg. number: *



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FAMILY DUTY COUNSEL BILLING FORM

FORM 16

Duty 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 _____
Description of service _____ Service code _____
Total hours authorized _____

No. of clients and primary issue

Type of case	Issues				
	# Custody/Access	# Maintenance	# Restraining order	# Property	# Other
FRA — Applicants					
FRA — Respondents					
CFCSA					
FMEA					

Enter no. of clients with each issue on the appropriate lines (i.e., FRA, CFCSA, etc.).

Total clients

Advice only

Time		Fees claimed
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)

*

Lawyer use only (optional)

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

Travel fee
(If authorized)

\$ _____

LSS total

\$ _____

Lawyer's GST reg. number:

*



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IMMIGRATION DUTY COUNSEL BILLING FORM

FORM 15

Duty 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 <u>Vancouver</u> Location code <u>9077</u>
Total hours authorized _____

Alternate service provider (emergencies only)

Lawyer _____	Lawyer vendor no. _____
Hours _____	

Result details

Number of clients	48-hour hearings		7-day reviews		30-day reviews		# Admissibility hearing	# Summary advice	Time		Fees claimed
	# Detained	# Released	# Detained	# Released	# Detained	# Released			Hrs	10ths	

Enter no. of clients for each result above.

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) _____*

Lawyer use only (optional)	
LSS total:	\$ _____
Adjustment:	(\$ _____)
Subtotal:	\$ _____
GST:	\$ _____
Net total:	\$ _____

Lawyer's GST reg. number:

_____*



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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

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) _____*

Lawyer use only (optional)

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

Fees

\$ _____

Late sitting fee
(If applicable)

\$ _____

Travel fee
(If applicable)

\$ _____

LSS total

\$ _____

Lawyer's GST reg. number:

_____*
