



Legal
Services
Society

British Columbia
www.lss.bc.ca

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 \$

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: *