



Legal
Services
Society

British Columbia
www.lss.bc.ca

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:

_____ *