



Legal
Services
Society

British Columbia
www.lss.bc.ca

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

Result details

# Negotiation		# Case Conference		# Appearance / Hearing	
Resolved		Resolved		Adjournment	
Unresolved		Unresolved		Interim order	
Enter no. of clients for each result above.					Final order

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:

*