Legal Services Society

British Columbia
www.lss.bc.ca

IMMIGRATION BILLING FORM
FEES SUMMARY

FORM 3

Case no. * Referral no. *

Lawyer * Lawyer vendor no. *

Client name *

Date of assignment (dd/mm/yyyy) *

Multiple client case file no(s)

* Indicates a required field.

1 Admissibility hearing 2 RPD 3 IAD 4 Detention 5 Post-determination submissions 6 Appeal

1 Detained 2 Released 3 Accepted 4 Denied 5 Stayed 6 Adjourned 7 Reserved 8 Case abandoned 9 Change of lawyer 10 Client proceeding alone 11 Client no-show 12 PIF filed

1 Applicant 2 Respondent

1 Refugee 2 Non-refugee

Hearing #	Hearing type	Issue type	Issue #	Hearing file #	Location	Results	Client status	Client role
1					1255			
2					1255			
3					1255			

Service date (dd/mm/yyyy)	1/2 days am ✔	1/2 days pm ✔	Service provider ** Status	Service provider ** Vendor #	Description of service	Tariff code	Hearing # 1✔	Hearing # 2✔	Hearing # 3✔	Time Hrs	Time 10ths	Fees claimed

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

Total hrs. 0 0

LSS total 0.00

Do not include GST or holdbacks/reductions in above total. Use **Lawyer use only** box for GST/holdback/reduction calculations.

Reset Form

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:	$ 0.00
Adjustment:	($)
Subtotal:	$ 0.00
GST:	$
Net total:	$ 0.00

Lawyer's GST reg. number: *

July 2008