Legal Services Society

British Columbia
www.lss.bc.ca

CFCSA BILLING FORM
FEES SUMMARY

FORM 5

Results
1 In care/temporary custody order
2 In care/continuing custody order
3 Child returned under supervision
4 Child returned final
5 Case abandoned
6 Change of lawyer
7 Client proceeding alone
8 Client no-show

Case no. _____ * Referral no. _____ *

Lawyer _____ * Lawyer vendor no. _____ *

Client name _____ *

Date of assignment (dd/mm/yyyy) _____ *

* Indicates a required field.

1 Presentation
2 Protection
3 Extension
4 Continuing custody

1 Provincial
2 BC Supreme
3 BC Court of Appeal

1 Parent/Guardian
2 Intervenor
3 Appellant
4 Respondent

Hearing #	Hearing type	Court file #	Location #	Level	Client role	Result for each child—enter code from list: Issue #	Child #	Name of child	Result	Issue #	Child #	Name of child	Result	Issue #	Child #	Name of child	Result
1																	
2																	
3																	

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 Hrss	Time 10ths	Fees claimed
					Total hrs.					0	0	

** 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

_____

Lawyer's GST reg. number: *

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 $ 0.00

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

Reset Form

July 2008