

Reductions to Tariffs

Legal Services Society regrets to advise you that reduced funding for legal aid makes it necessary to impose further reductions to the tariffs.

Criminal Tariff Reductions

The Legal Services Society has accepted the recommendation of the Criminal Tariff Committee to impose some tariff reductions as an alternative to placing two criminal staff lawyers in the Lower Mainland. The Criminal Tariff Committee preferred to implement further tariff reductions by eliminating the tariff items that compensate referral counsel when their client fails to appear or changes counsel at trial, for category 1 and 2 offences. The Criminal Tariff Committee wished it noted that these reductions were made under protest.

For all referrals with dates of assignment on or after August 15, 1997, tariff items for failure to appear or change of counsel at trial for Category 1 and 2 offences have been eliminated.

Family Tariff Reductions

Due to the grave financial constraints on the Society, the Board of Directors has decided that the tariffs be further reduced by \$200,000, in consultation with the tariff committees. The Family Tariff Committee, at its July, 1997, meeting vigorously asserted that the Family Tariff had taken very significant cuts to its tariffs. Under strong protest, the Committee has determined its share of the reduction as outlined below:

Reduction to photocopying charges:

For photocopies made on and after August 15, 1997, the allowable charge will be reduced from \$0.15 per page to \$0.12 per page and the new photocopying code is 157. Please track your photocopies at this new rate and code after August 15, 1997 and bill all pre-August 15 photocopying as soon as possible. We will rely on counsel's own accounting of photocopying charges until October 1, 1997, at which point we will start to tax all photocopy charges down to the new rate unless a specific breakdown of the photocopy charges accompanies the account.

Practice Tips and New Forms

Please find enclosed the following new forms to request prior authorization for disbursement/s. 15 reports and transcripts, as well as the Practice Tips for Custody and Access Reports and the new LSS Family Coverage Policy. Please start using the forms immediately.

- 1) Request for Prior Authorization of Disbursements (including s. 15 fact sheet section);
- 2) Request for Authorization of Transcripts; and
- 3) Practice Tips for Custody and Access Reports and LSS Family Coverage Policy.

Nancy Henderson
Director of Tariff



Legal Services Society

Providing legal aid and legal education for British Columbia

Suite 1500
1140 W. Pender Street
Vancouver BC V6E 4G1

Tel: 604-601-6145
Fax: 604-681-7963

REQUEST FOR PRIOR AUTHORIZATION OF DISBURSEMENTS
(do not use this form for transcript requests)

LAWYER: Name: _____ Vendor No. _____
Address: _____ City: _____
Postal Code: _____ Telephone: (____) _____ Fax No (____) _____
Signature: _____ Date: _____

CLIENT: Name: _____ LSS File No. _____

CASE TYPE: Family Criminal Immigration Pro Bono Human Rights

INSTRUCTIONS: ● See DISBURSEMENTS FOR ALL TARIFFS for requirements and limitations.
● Continue on a separate sheet if there is not enough room provided
● Attach a copy of the approved authorization to your account when billing

Court Location: _____ Next Court Date: _____

Indicate if urgent and why: _____

Describe the Disbursement you are requesting? CODE [] _____

Please provide relevant details on this case. (attach brief summary if more space is required)

Why is this expense necessary?
● How will the client's case benefit
● How would the client's case be disadvantaged without it?

What is the estimated cost of the Disbursement?
(include hrs./hrly rates if applicable)

LSS TARIFF ACCOUNTS DEPARTMENT REPLY: (Lawyer do not write in this space)

DATE _____

LSS Authorized Signature _____

S.15 FACT SHEET FOR FAMILY EXPERTS IN CUSTODY/ACCESS CASES (Complete next section)

Your referral is: CFCSA Emergency Approved

Previous S.15 Report or Report to court? Yes(attach copy) No

Your client is : Applicant Respondent Date report is required in Court: _____

Number of children: _____ Respective Ages: _____ No. of people to interview _____

Who currently has custody? _____ Court Orders in place Yes(attach copy) No

Your client wishes: Custody change No change

Because: _____

Your client wishes : Variation of Access Supervised Access Unsupervised Specific Access
Reasonable Access

Because: _____

Variation of Custody/Access: Assessment by Health-Care Professional YES (include copy) NO

How does this report fit within the priorities LSS has established for custody and access reports?

Priority I Priority II Priority III

Because: _____

Is the other party paying for their portion of the fees? YES NO

If not, why not? _____

IF YOU ARE REQUESTING AUTHORIZATION FOR EXPERT FEES (including Court Appearances)

Expert's Name _____

Field of Expertise _____

FEES: Total hours required for report _____ X Hourly rate \$ _____ = Total \$ _____

**Travel Costs for
Witness, Expert or
Lawyer:**

Who are the expenses for? _____

Where is the trial? _____

Method of Transportation _____

To: _____ From: _____ Cost \$ _____

Estimated accommodation costs? \$ _____ per night X _____ nights



**Legal
Services
Society**

Suite 1500
1140 W. Pender Street
Vancouver BC V6E 4G1

Tel: 604-601-6145
FAX: 604-681-7963

DATE

REQUEST FOR AUTHORIZATION OF TRANSCRIPTS

LAWYER: Name: _____ Vendor No. _____
Address: _____ City: _____
Postal Code: _____ Telephone: (____) _____ Fax No(____) _____
Signature: _____

CLIENT: Name: _____ LSS File No. _____

DETAILS: Date of assignment: _____ Referring office _____
 CRIMINAL CASE CIVIL CASE
List major charges: _____ Style of case: _____
_____ vs _____

COURT LEVEL Provincial Court Court File No. _____
 Supreme Court
 Other Next Court Date: _____

Bail Review
Please confirm you have approval from the referring office YES NO

Exam for Discovery
Please confirm you have approval from Family Case Management for discoveries YES NO

Who is being discovered and on what date? _____

Court location: _____ Name of Judge: _____

Type of Proceeding: _____ Date (s): _____

TYPE OF TRANSCRIPT REQUIRED Daily Number of Copies _____
 Expedited
 Regular

Reason(s) for obtaining transcripts: _____

Signature