



Legal Services Society

British Columbia
www.lss.bc.ca

CRIMINAL BILLING FORM

FORM 7

Case no. _____ Referral no. _____
 Lawyer * _____ Lawyer vendor no. _____
 Client name _____
 Date of assignment (dd / mm / yyyy) ____ / ____ / _____
 Co-accused case no(s) _____

Stage:		
1 Prior to hearing	2 Prelim. hearing	3 Trial
4 Sentencing		
Result codes:		
1 Client proceeding alone	6 Diversion	11 Guilty plea
2 No charge sworn	7 Consent committal	12 Acquitted
3 Failure to appear	8 Committed to trial	13 Found guilty
4 Change of lawyer	9 Discharged	14 Peace bond
5 Stay	10 Incomplete	15 Mistrial

Info	Court Information/Indictment #		Offence code(s)			Offence date (dd / mm / yyyy)	Court location #	Level	Stage	Results			Sentencing		Jail time
	Provincial	Supreme	1st	2nd	3rd					1st charge	2nd	3rd	1 <input type="checkbox"/> fine	3 <input type="checkbox"/> jail	
1st			0	0	0			1 <input type="checkbox"/> Youth 2 <input type="checkbox"/> Adult					1 <input type="checkbox"/> fine	3 <input type="checkbox"/> jail	
2nd								1 <input type="checkbox"/> Youth 2 <input type="checkbox"/> Adult					1 <input type="checkbox"/> fine	3 <input type="checkbox"/> jail	

Enter time & units:
for example:
30 D (days)
14 M (mos)
2 Y (yrs)

Service date (dd / mm / yyyy)	1/2 days		* Service provider		Description of service	Tariff code	Info		Fees claimed
	am <input checked="" type="checkbox"/>	pm <input checked="" type="checkbox"/>	Status	Vendor #			1st <input checked="" type="checkbox"/>	2nd <input checked="" type="checkbox"/>	

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

I certify that I have performed and correctly described the services billed for, unless the account notes specify otherwise, and that I delivered the services as a member in good standing of the Law Society of BC.

Signature _____

Date of last service to client
(dd / mm / yyyy)
_____ / _____ / _____

Billing date
(dd / mm / yyyy)
_____ / _____ / _____

Lawyer use only (optional)

LSS total: \$ _____

Less holdback/reduction: (\$ _____)

Subtotal: \$ _____

GST: \$ _____

Net total: \$ _____

LSS total \$ _____

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

Lawyer's GST reg. number:
