



Legal Aid

10/23 form 23b

# Tax Invoice

## Criminal Legal Aid Fixed Fees

### Schedules A, B & C: Police Prosecutions

Legal aid file no.	
Invoice date	
Invoice number	
GST number	
Lead provider's ref.	
Charges/CRNs	

To: **Legal Aid**, \_\_\_\_\_  
 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_

Customer \_\_\_\_\_

Lead provider \_\_\_\_\_ Law firm \_\_\_\_\_

Provider number \_\_\_\_\_ Firm number \_\_\_\_\_

Court type  District Court  High Court Court location \_\_\_\_\_

#### Details of claim

**Fixed Fee:** Date fixed fee(s) completed \_\_\_\_\_ **Fixed Fee Plus:** Covers period from \_\_\_\_\_ to \_\_\_\_\_

Interim invoice  Final invoice

#### Administration/Case review

Preliminary work – new legal aid grant \_\_\_\_\_

Charge discussions \_\_\_\_\_

Case Management Memorandum (CMM) \_\_\_\_\_

Schedule A (excl. GST)		Schedule B (excl. GST)		Schedule C (excl. GST)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

#### Other Matters

Sentencing indications – preparation \_\_\_\_\_

Fitness to plead/stand trial – preparation \_\_\_\_\_

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

#### Trial and Sentencing

Disputed facts – preparation \_\_\_\_\_

Trial – preparation (part) if case resolves prior to trial but a significant amount of work has been carried out \_\_\_\_\_

Trial – preparation (full) – if case goes to a hearing \_\_\_\_\_

Sentencing (when remanded off for sentencing) – preparation \_\_\_\_\_

Re-preparation \_\_\_\_\_

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

#### Pre-trial admissibility hearing

Pre-trial admissibility – preparation \_\_\_\_\_

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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#### Applications for bail, name suppression, media coverage, electronic bail monitoring

Opposed application(s) for bail, name suppression \_\_\_\_\_

Second opposed bail application or variation \_\_\_\_\_

Electronic bail monitoring \_\_\_\_\_

Opposed application(s) for media coverage \_\_\_\_\_

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total hearing time (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total mileage (no GST)</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*If you are not registered for GST, you will be paid the GST excl. amount. There is no GST on mileage.

**Sentencing reports/submissions**

Expert witness reports \_\_\_\_\_

Section 38 – forensic report \_\_\_\_\_

Restorative justice report \_\_\_\_\_

Written sentencing submissions \_\_\_\_\_

Schedule A (excl. GST)	Schedule B (excl. GST)	Schedule C (excl. GST)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Interlocutory) Appeals to the High Court**

Appeal against disclosure decision (s33(3)(b) Criminal Disclosure Act 2008) \_\_\_\_\_

Bail or media coverage \_\_\_\_\_

Name suppression \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Time	No. half hours*		Rate (excl. GST) \$54 per half hour	Total fee
	HT	WT		
Appearances				
Sentencing indications				
Fitness to plead/stand trial				
Disputed Facts				
Trial				
Sentencing (when remanded off for sentencing)				
Pre-trial admissibility				
Applications for bail, name suppression, media coverage, electronic bail				
Interlocutory appeal				

\*Hearing time (HT) and waiting time (WT) to be recorded separately in half hour blocks.

Waiting time for an activity exceeded one hour?  No  
 Yes → Reasons:

	Lead Provider		Listed Provider B	
Provider name or number	_____		_____	
Level of experience	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>SUP</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ _____		\$ _____	
Fixed Fee Plus Activities <sup>1</sup>	Hours	Total fees	Hours	Total fees

<sup>1</sup>Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Interpreters preparation		
Interpreters in court not judge directed		
Library		
Other LINZ fees		
Report – Medical		
Report – Restorative justice		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy). There is no GST on mileage.		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		

Prior-approval disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)

**Lead provider**

**Please tick as appropriate:**

- I am making a claim on a grant that has been reassigned to me.
- I am making a claim on a grant that has been reassigned to another provider.
- I have filed the Case Management Memorandum within the time frames as set out in 4.6 of the Criminal Procedure Rules 2012.

**I confirm that:**

- No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).
- Any non-lawyer or supervised provider performed his or her work under my supervision and I am responsible for it.
- I have advised Legal Aid of all charges I am aware of against the customer named above.
- If claiming hearing time, I have records of all hearing time covered by this claim.

**Signature of lead provider**

**Date**

day month year