



Legal Aid

10/23 form 31
Tax Invoice
Family Legal Aid
Fixed Fees
Oranga Tamariki

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

To: Legal Aid,
Customer
Lead provider
Law firm
DX Box Number
City
Provider number
Firm number

Details of claim

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

Interim invoice
Final invoice

Table with 4 columns: Activity description, Number of fixed fees, Fixed fee (excl. GST), Total fixed fees (excl. GST). Rows include Termination of Instructions, Declaration(s)/Application(s)/Order(s), Interlocutory, and Pre-Hearing Matters.

Summary table with 2 columns: Description, Amount. Rows include Total fixed fees (excl. GST)*, Total fixed fee plus activities (excl. GST)*, Total disbursements (excl. GST)*, Total GST*, Total mileage (no GST), Total amount (incl. GST)*.

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

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.	Number of fixed fees	Fixed fee (excl. GST)	Total Fixed fees (excl. GST)
Defended Hearing(s)			
Complying with Judge's directions			
Defended hearing(s) – preparation			
Defended hearing(s) – hearing time			
Review of judgment			
Instructing agent			
Additional factors			
Review of Case/Plan			
Review(s) of Case Plan – preparation			
Review(s) of Case Plan – hearing time			
Instructing agent			
Additional factors – post-defended hearing			
Family Group Conference			
Family Group Conference ¹			

Interim Grant		
Determine merits/prospects of success		
Pre-Proceedings Settlements		
Negotiation of Settlement ²		

¹ This fee can only be claimed if prior approval has been given to prepare for and attend Family Group Conference.

² This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

Provider name or number	Lead Provider		Listed Provider B				
	1	2	3	1	2	3	SUP
Level of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider rate (excl. GST)	\$ _____		\$ _____				
Fixed Fee Plus Activities³	Hours		Total fees		Hours		Total fees

³Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Report – Medical		
Title Search		
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)		

Progress/Result

Please provide an update on the current status of the proceedings.

continue on a separate sheet if necessary ...

Proceeds of Proceedings

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/Values	Details/Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

Lead provider

I confirm that:

- If claiming hearing time, I have records of all hearing time covered by this claim.
- This claim is based on the tasks undertaken for the relevant activity/activities and disbursements actually and reasonably incurred
- 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.

Signature of lead provider

Date

day month year