



Legal Aid

10/23 form 38 Tax Invoice ACC Legal Aid Fixed Fees

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

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

Details of claim

Fixed Fee: Date fixed fee(s) completed _____ **Fixed Fee Plus:** Covers period from _____ to _____
 Interim invoice Final invoice Forum Category 1 2

	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
ACC (Interim) – Pre-Review Assessment			
Early termination of instructions			
ACC mediation(s) – Preparation			
ACC mediation(s) – Hearing time			
Instructing specialists, where pre-review is omitted			
Pre-review assessment			
ACC (Full) – ACC Review			
Early termination of instructions, where pre-review is omitted			
ACC mediation(s) – Preparation, where pre-review is omitted			
ACC mediation(s) – Hearing time, where pre-review is omitted			
Instruction of specialists, where pre-review is omitted			
ACC review – No pre-review – Preparation			
ACC review – After pre-review – Preparation			
Hearing time			
ACC (Full) – District Court Appeal			
Early termination of instructions			
Instruction of specialists, where pre-review is omitted			
Pre-court Judicial Meeting(s) – Preparation			
Pre-court Judicial Meeting(s) – Hearing time			
Re-preparation prior to a hearing			
District Court Appeal – New provider – Preparation			
District Court Appeal – Review provider – Preparation			
Hearing time			

Total fixed fees (excl. GST)*	\$
Total fixed fee plus activities (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
User charge deduction (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.

	Lead Provider		Listed Provider B			
	Provider name or number		1	2	3	SUP
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Level of experience		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Provider rate (excl. GST)	\$	<input type="text"/>		\$	<input type="text"/>
Fixed Fee Plus Activities¹			Hours	Total fees	Hours	Total fees

¹ Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
ACC casebook		
Court-directed bundles – in-house		
Court-directed bundles – third party		
Deed of Assignment		
Drug testing – judge directed		
Interpreters		
Library		
Office disbursement		
Other LINZ fees		
Psychiatric/psychologist reports		
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		
Lead Provider Travel – Time – necessary		
Listed Provider B Travel Time – necessary		

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

User charge	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p>Total amount less the user charge deduction (incl. GST)* \$ <input type="text"/></p>
--------------------	--

Progress/Result	<p>Please provide an update on the current status of the proceedings.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
------------------------	--

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.

I acknowledge that:

- If this case is subject to a user charge, the total approved payment may be reduced by the amount of the user charge where the total approved is more than the user charge.

Signature of lead provider

Date

day month year