



Legal Aid

10/23 form 41

# Tax Invoice

## Family Legal Aid Fixed Fees

### Protection of Personal & Property Rights (PPPR)

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

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)
<b>Termination of Instructions</b>			
Initial instructions not carried through			
<b>Application(s)/Order(s)</b>			
Welfare/Property Interim and/or Final Order(s)			
Second Proceeding			
Formal proof hearing(s) (if defended) – Preparation			
Formal proof hearing(s) (if defended) – Hearing time			
Memorandum of Consent (where no notice of defence has been filed)			
Additional factors			
If two or more additional factors			
<b>Interlocutories</b>			
Document preparation where there is no hearing			
Interlocutory hearing(s) – Preparation			
Interlocutory hearing(s) – Hearing time			
<b>Pre-Hearing Matters</b>			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			
<b>Defended Hearing(s)</b>			
Pre-trial Conference			
Complying with Judge's directions			
Defended hearing(s) – Preparation			
Defended hearing(s) – Hearing time			
Costs application			
Instructing agent			

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

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

**Interim Grant**

Determine merits/prospects of success

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	Lead Provider		Listed Provider B			
	Provider name or number		Provider name or number			
	Level of experience		Level of experience			
Fixed Fee Plus Activities <sup>1</sup>	Provider rate (excl. GST) \$		Provider rate (excl. GST) \$			
	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)
Court-directed bundles – in-house		
Court-directed bundles – third party		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Other LINZ fees		
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		
Valuations		
<b>Prior-approval disbursements (attach receipts/invoices, where applicable)</b>		

**User charge**

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

**Total amount less the user charge deduction (incl. GST)\*** \$

**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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**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