

## 10/23 form **27 Tax Invoice**

## Criminal Legal Aid Fixed Fees

Legal aid file no.	
Invoice date	
Invoice number	
GST number	
Lead provider's ref.	
	<u> </u>

Total mileage (no GST) \$

Total amount (incl. GST)\* \$

## IXEA FEES Schedule J

To: Legal Aid,							
DX Box Number Customer		City					
Lead provider		Law firm					
Provider number	— Fir						
Court type High Court Court of Appeal Parole							
Details of claim							
Fixed Fee: Date fixed fee(s) completed Fixed Fee Pl	lus: Covers per	od from		to _			
Interim invoice Final invoice							
Base Fees		Interim Fee (excl. GST)		Completion Fee (excl. GST)		Full Fee (excl. GST)	
Postponement order							
Recall							
Non-release orders							
Extended supervision orders							
Other parole matters							
Parole appeal – Grounds of appeal (Interim Grants only)							
Parole appeal to the High Court from Parole Board					(Fixed I	ee Plus Activity)	
Parole appeal to the Court of Appeal from sentencing court					(Fixed I	ee Plus Activity)	
Additional Fees							
Termination of assignment fee (Postponement order)							
Termination of assignment fee (Recall)							
Termination of assignment fee (Non-release orders)							
Termination of assignment fee (Extended supervision orders)							
Hearing Time		No. half	hours*	Rate (excl. 6 \$67 per half		Total fee	
Parole hearing		111	VVI	yor per nan	11041		
Parole appeal hearing				-	-		
*Hearing time (HT) and waiting time (WT) to be recorded separately in half ho	ur blocks.			1	L		
				16 / 1.	oc=\* [	<b>A</b>	
		т.		ed fees (excl. ( ng time (excl. (		\$	
				ctivities (excl. (		\$	
			-	ements (excl. (		\$	
				Total		\$	

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

Waiting time for an activity exceeded one ho	ur?	No								
	Yes → Reasons:									
	L									
				Lead P	rovider ———	Τ	Listed Pr	sted Provider B ———		
į.	Provider na	ime or num	ber							
				1 2 3			1 2 3 SUP			
		l of experie								
	Provider	rate (excl. G	iST)	\$		\$				
Fixed Fee Plus Activities <sup>1</sup>				Hours	Total fees	Hou	rs	Total fees		
						-				
				<u> </u>						
Activities where prior approval has been sought a	-									
Disbursements (attach receipts/invoices, wh	ere applica	apie)				Units	To	otal (excl. GST)		
Interpreters preparation										
Interpreters in court not judge directed										
Other LINZ fees										
Printing of Court of Appeal casebooks										
Report – Medical										
Report – Restorative justice										
Translators										
Travel – Personal car – necessary – @ \$ per	km (as ne	r policy). Th	ere i	s no GST on milea	ge.					
Travel – Plane, train, bus, taxi and parking –					8					
Travel – Rental car – necessary	,									
Travel – Time – necessary										
Prior-approval disbursements (attach receip	ts/invoices	s, where app	olical	ble						
		· · · ·								
Interim fee If y	you are cla	iming an int	erim	ı fee, please expla	in the work unde	rtaken to s	ubstantia	lly progress the		
cal	se.	_								
Lead provider P	lease tick a	as appropria	ate:							
	I am m	naking a clai	m or	n a grant that has	been reassigned t	to me.				
F	I am making a claim on a grant that has been reassigned to me.									
L	I am making a claim on a grant that has been reassigned to another provider.									
	I confirm that:									
•	<ul> <li>No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).</li> </ul>									
•	Any non-lawyer or supervised provider performed his or her work under my supervision and									
	I am responsible for it.									
	If claiming hearing time, I have records of all hearing time covered by this				:his claim.					
S	ignature o	f lead provi	der				Date			

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month

year