

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

Criminal Legal Aid Fixed Fees

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

Total mileage (no GST)

Total amount (incl. GST)*

Sched	uie J				
To: Legal Aid,					
DX Box Number Customer	City				
Load provider	Law firm				
Provider number					
Court type High Court Court of Appeal Parole Board	Court location				
Details of claim					
Fixed Fee: Date fixed fee(s) completed Fixed Fee Plus: Cover	s period from	to			
Interim invoice Final invoice					
	Interim Fee	Completion Fee	on Fee Full Fee		
Proceedings before the NZ Parole Board	(excl. GST)	(excl. GST)	(excl. GST)		
Postponement order					
Recall					
Non-release order					
Other proceedings entitled to counsel					
Extended Parole Board proceedings					
Extended supervision order					
Specialist reports					
Parole appeals					
Grounds of appeal (interim grant)					
Appeals to the High Court from Parole Board			(Fixed Fee Plus Activity)		
Appeals to the Court of Appeal from sentencing court			(Fixed Fee Plus Activity)		
Other matters					
Other matters					
Reassignment					
Termination of assignment fee – postponement order, recall, non-release ord	ler, other proceedings	entitled to counsel	_ _		
Termination of assignment fee – extended Parole Board proceedings					
Termination of assignment fee – extended supervision orders					
		Total fixed fees (excl.	GST)* \$		
		al hearing time (excl.			
		e plus activities (excl.			
	Total	disbursements (excl.			
		Tota	I GST* \$		

Version 21 – October 2023 page 1

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

			No. half hours*		Rate (excl. GST)	
Hearing Time			HT	WT	\$67 per half ho		
Parole hearing							
Parole appeal							
*Hearing time (HT) and waiting time (WT) to be	e recorded separately in half hou	r blocks.			_		
Waiting time for an activity exceeded on							
, encourage and encourage a							
	Yes → Re	asons:					
		Lead Provider			Listed Provider B		
	Provider name or number						
		1 2 3			1 2 3 SUP		
	Level of experience						
	Provider rate (excl. GST)	\$			\$		
Fixed Fee Plus Activities¹		Hours	Total	fees	Hours	Total fees	
¹ Activities where prior approval has been sough	nt and granted.						
Disbursements (attach receipts/invoices,	where applicable)				Units T	otal (excl. GST)	
Interpreters preparation							
Interpreters in court not judge directed							
Library							
Other LINZ fees							
Printing of Parole Board files							
Printing of Court of Appeal casebooks							
Report – Medical							
Report – Restorative justice							
Translators		a na CCT an mila					
Travel – Personal car – necessary – @ \$ p Travel – Plane, train, bus, taxi and parkin		s no GST on milea	ge.				
Travel – Rental car – necessary	g – Hecessary						
Travel – Time – necessary							
Prior-approval disbursements (attach rec	eints/invoices where annlica	hle)					
The approval assuracinents (attach res	eipts/invoices, where applied						
Interim fee	If you are claiming an interinthe case.	n fee, please expl	ain the w	ork unde	rtaken to substanti	lly progress	

Version 21 – October 2023 page 2

	Leau 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 p	orovider.		
		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. If claiming hearing time, I have records of all hearing time covered by this claim. 			
	Signature of lead provider	Date			
			day	month	year

Version 21 – October 2023 page 3