

## 10/23 form **4**

## **Tax Invoice**

## Criminal Legal Aid Non-Fixed Fee

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

To: <b>Legal</b>								
Customer		DX Box Number City						
Lead Provi	ider	Law firm						
Court type	e District Court High Court Court of Appe	al Supre	me Court   Court	location				
Desc	ription of proceedings							
Admii	nistration Case Review	Case mana	agement memorand	lum Co	ommittal			
Pre-tr	rial applications Judge Alone/Defended Hearing	Jury trial Sentencing						
Guilty Plea Bail (unopposed) Bail (opposed) Bail (e								
Appea	al – sentence/conviction							
Other	r (specify)							
Provider ap	peroval level 1 2 3 4 riod from: to		Interim	invoice	Final invoice			
	List	ed Provider B ———						
	Provider name or number	Lead Provider Lis						
		1 2 3 A B 1 2			SUP A B			
	Level of experience							
Date	Provider rate (excl. GST)  Activities	\$ Hours	Total fees	\$ Hours	Total fees			
		Total fees (excl. GST)*						
	ts (excl. GST)*	\$						
				Total GST*	\$			
*If you are r	not registered for GST, you will be paid the GST excl. amount. There	is no GST on mile		eage (no GST)  nt (incl. GST)*	\$			
ii you ale l	iot registered for GST, you will be paid the GST excl. amount. There	יייייייייייייייייייייייייייייייייייייי	-୴୭ଟ- IOTAI AMOU	nt (Incl. GST)*	<b>&gt;</b>			

Waiting time for an activity exceeded	d one hour?	No Yes →	Reasons:				
Disbursements (attach receipts/invoi	ices, where ap	plicable)		Units	Total (GST excl.)		
Interpreters preparation							
Interpreters in court not Judge direc	cted						
Non-lawyer – Law clerk, non-qualifi	ed paralegal/le	egal exec.					
Non-lawyer – Qualified legal exec.							
Office disbursement							
Other LINZ fees							
Printing of Court of Appeal caseboo	ks						
Printing of disclosure							
Report – Medical							
Report – Restorative justice							
Translators	- 1						
Travel – Personal car – necessary –			here is no GST on mileage.				
Travel – Plane, train, bus, taxi and p	arking – neces	sary					
Travel – Rental car – necessary	• 1						
Travel – Time – necessary – Lead Pr							
Travel – Time – necessary – Listed P							
Prior-approval disbursements (attac	h receipts/invo	oices, where ap	pplicable)		1		
Work completed	If this is a final invoice, please state work completed and the results of the proceedings. If this is an interim invoice, please state work completed for the part of the proceedings being claimed.						
Lead provider	I confirm	that:					
	This claim is based on the hours and disbursements actually and reasonably incurred.						
	<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>						
	<ul> <li>Any non-lawyer or supervised provider for whom a claim is made, performed his or her work under my supervision and I am responsible for it.</li> </ul>						
	Signature of lead provider			Date	Date		
	Is an 'Amo	endment to G	rant' submitted with this invoic	da <sup>1</sup>	y month year		
	No	Yes					

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