



# Tax Invoice

## Family Legal Aid

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

To: **Legal Aid**, \_\_\_\_\_  
 DX Box Number \_\_\_\_\_ City \_\_\_\_\_  
 Name of aided person \_\_\_\_\_  
 Name of lead provider \_\_\_\_\_ Name of law firm \_\_\_\_\_

### Details of claim

Forum category  1  2  3  4  
 Type of proceedings this invoice covers: \_\_\_\_\_  
 Covers period from: \_\_\_\_\_ to \_\_\_\_\_  Final invoice  Interim invoice

**Please note:** you must fill in the 'Exceeds guideline hours' section over the page if you are claiming for hours in addition to the steps, and you have not already submitted a Form 9 amendment

	Lead Provider					Listed Provider B					
Provider name or number	_____					_____					
Level of experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> SUP	<input type="checkbox"/> A	<input type="checkbox"/> B
Provider rate (excl. GST)	\$ _____					\$ _____					

Step No.	Date	Activities	Hours	Total Fee	Hours	Total Fee

**Other (specify)**


**Claim by type of proceeding (excl. GST)**  
*(If this claim relates to multiple proceedings, you must state portion of the claim that relates to each)*

	\$
	\$
	\$

<b>Total fees (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>User charge deduction (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*If you are not registered for GST, you will be paid the GST excl. amount

**Disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Interpreters		
Non-lawyer – Law clerk, non-qualified paralegal/legal exec		
Non-lawyer – Qualified legal exec		
Office disbursement		
Other LINZ fees		
Report – Medical		
Translators		
Travel – Personal car – necessary – @ \$            per km (as per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary – Lead Provider		
Travel – Time – necessary – Listed Provider B		
Witnesses and expert witnesses – allowances		

**Prior-approval disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

Witnesses and expert witnesses – travel		

**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)\* \$

**Exceeds guideline hours**

**Fill in this section if you are claiming for hours in addition to the steps.**

Have any of the matters for which you have exceeded the guideline hours or the pre-approved hours, been disposed of by a court, tribunal or any other means?

No

Yes → Date of final disposition

→ Please outline reasons for delay in submitting this amendment (refer to section 28 of the Legal Services Act 2011)

*continue on a separate sheet if necessary ...*

This section only applies to grants approved on or after 1 March 2007

**Give reasons for exceeding guideline hours or pre-approved hours for each activity to support an amendment to the grant. Legal Aid will consider this information as an application to amend the grant. If insufficient detail is provided a form 9 amendment application may be required.**

Step No.	Activities	Reasons

*continue on a separate sheet if necessary ...*

**Work completed**

If this is a final invoice, please state work completed (refer to proceeding steps) and the results of the proceedings.

If this is an interim invoice, please state work completed for the part of the proceedings being claimed (refer to proceeding steps).

*If this is a final invoice, attach a copy of the order, agreement or judgment, etc*

**Proceeds of proceedings**

**Please provide details of any proceeds of proceedings**

Costs	Cash	Assets	Other	Amount/value	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"/>	\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**Lead provider**

**I confirm that:**

- This claim is based on the hours 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 for whom a claim is made, 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

**Is an 'Amendment to Grant' submitted with this invoice?**

No  Yes