



08/17 form 23 Tax Invoice Criminal Legal Aid Fixed Fees Schedules A-C

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

To: **Legal Aid,** _____

Name of aided person _____

Name of lead provider _____

Provider number _____

Court type District Court High Court

DX Box Number _____ City _____

Name of law firm _____

Firm number _____

Court location _____

Details of claim

Date activity/fixed fee completed _____ Final invoice Interim

Date of final disposition (if final invoice) _____

	Schedule A (excl. GST)		Schedule B (excl. GST)		Schedule C (excl. GST)	
Base Fees						
Disposed prior to defended hearing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disposed prior to defended hearing – CMM Courts (CMM + guilty plea/sentencing)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disposed at defended hearing (including 1.5hrs hearing time)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disposed at defended hearing – CMM Courts (CMM)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disposed at defended hearing – CMM Courts (all attendances excluding CMM)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Interim fee	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Completion fee (disposed prior to defended hearing)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Completion fee (disposed at defended hearing)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Additional Fees						
Opposed application for bail, name suppression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Electronic bail monitoring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Opposed application for media coverage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Expert witness/reports	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Section 38 – forensic report	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Restorative justice report	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Written sentencing submissions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Appeal against disclosure decision	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Appeal against bail or media coverage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Appeal against name suppression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Termination of assignment fee	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Total fixed fees (excl. GST)*	\$
Total hearing time (excl. GST)*	\$
Total disbursements (excl. GST)*	\$
Total GST*	\$
Total amount (incl. GST)*	\$

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

Hearing Time	No. half hours*		Rate (excl. GST) \$48 per half hour	Total fee
	HT	WT		
Defended hearing/sentencing hearing (note you may only claim time in excess of 1.5hrs)				
Interlocutory appeal				

*Hearing time (HT) and waiting time (WT) to be recorded separately in half hour blocks.

Disbursements (specify using GST excl. amount and attach invoice/receipt)

Interpreters preparation		
Interpreters in court not judge directed		
Library		
Other LINZ fees		
Report – Medical		
Report – Restorative justice		
Translators		
Travel – Personal car – necessary – @ \$ per km (as necessary)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
Witness		
Witnesses and expert witnesses – allowances		

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

Witnesses and expert witnesses – travel		

Interim fee

If you are claiming an interim fee, please explain the work undertaken to substantially progress the case.

Lead provider

Please tick as appropriate:

- I am claiming hearing time and have records of all hearing time covered by this claim.
- I am making a claim on a grant that has been reassigned to another provider
- AND I have prior approval to claim a termination of assignment fee
- OR I am seeking approval to claim a termination of assignment fee in conjunction with this invoice.

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.
- I have advised Legal Aid of all charges I am aware of against the aided person named above.
- If claiming hearing time I have records of all hearing time covered by this claim.

Signature of lead provider

Date

day month year