

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,** _____

DX Box Number _____ City _____

Customer _____

Lead provider _____ Law firm _____

Provider number _____ Firm number _____

Court type District Court High Court Court location _____

Details of claim

Fixed Fee: Date fixed fee(s) completed _____ **Fixed Fee Plus:** Covers period from _____ to _____

Interim invoice 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 fixed fee plus activities (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.

Waiting time for an activity exceeded one hour? No

Yes → Reasons:

	Lead Provider		Listed Provider B	
	Provider name or number	Level of experience	Provider rate (excl. GST)	Provider rate (excl. GST)
Fixed Fee Plus Activities¹		1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input type="text"/>
		Hours	Total fees	Hours

¹Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
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		

Prior-approval disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)

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 customer 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