



Legal Aid

07/19 form 23a
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

Form fields for legal aid file number, invoice date, invoice number, GST number, lead provider's reference, and charges/CRNs.

To: Legal Aid, Customer, Lead provider, Provider number, Court type (District Court, High Court), Court location, DX Box Number, City, Law firm, Firm number.

Details of claim

Fixed Fee: Date fixed fee(s) completed, Fixed Fee Plus: Covers period from to, Interim invoice, Final invoice.

Base Fees

Administration/Case Review, Case management memorandum, Trial, Sentencing.

Table with 3 columns: Schedule A (excl. GST), Schedule B (excl. GST), Schedule C (excl. GST). Rows correspond to Base Fees.

Additional Fees

Pre-trial admissibility hearing application.

Table with 3 columns: Schedule A, Schedule B, Schedule C. Row for Pre-trial admissibility hearing application.

Applications for bail, name suppression, media coverage, electronic bail monitoring

Opposed application for bail or bail variation name suppression, Second opposed bail whether application or variation, Electronic bail monitoring, Opposed application for media coverage.

Table with 3 columns: Schedule A, Schedule B, Schedule C. Rows for various bail and media coverage applications.

Sentencing reports/submissions

Expert witness/reports, Section 38 forensic report, Restorative justice report, Written sentencing submissions.

Table with 3 columns: Schedule A, Schedule B, Schedule C. Rows for various sentencing reports and submissions.

(Interlocutory) Appeals to the High Court

Appeal against disclosure (s33(3)(b) Criminal Disclosure Act 2008), Appeal against bail or media coverage decision, Appeal against name suppression decision.

Table with 3 columns: Schedule A, Schedule B, Schedule C. Rows for various appeals to the High Court.

Summary table with 2 columns: Description (Total fixed fees, Total hearing time, Total fixed fee plus activities, Total disbursements, Total GST, Total amount) and Amount (\$).

*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		
Additional hearing time (where Trial and Sentencing exceeds 1.5hrs)				
Pre-trial admissibility hearing time				
Interlocutory appeal hearing time				

*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	<div style="display: flex; justify-content: space-around;"> 123 </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> 123SUP </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>			
Fixed Fee Plus Activities ¹	Hours	Total fees	Hours	Total fees		

¹Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where necessary)	Units	Total (GST excl.)
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 per policy)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		

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

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 provider.
- I have filed the Case Management Memorandum within the time frames as set out in 4.6 of the Criminal Procedure Rules 2012.

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