

Tax Invoice

Criminal Legal Aid

Fixed Fees

Schedules D-F

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

To: **Legal Aid,** _____

DX Box Number _____ City _____

Name of aided person _____

Name of lead provider _____ Name of law firm _____

Provider number _____ Firm number _____

Court type District Court High Court Court location _____

Details of claim

Date activity/fixed fee completed _____ Final invoice Interim

Date of final disposition (if final invoice) _____

	Schedule D (excl. GST)		Schedule E (excl. GST)		Schedule F (excl. GST)	
Base Fees						
All guilty plea and sentencing preparation (including sentencing indication)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Committal (including post committal conference)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Preparation (memorandum – initial callover)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Preparation (memorandum – all subsequent callovers)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pre-trial application preparation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Trial preparation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(Use Invoice Form 4)
Sentencing preparation (including judicial monitoring)	<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"/>	
Unopposed application for bail, name suppression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Opposed variation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unopposed variation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disclosure by defendant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Application for disclosure of information	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other applications for disclosure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Non-party disclosure	<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"/>	

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. of half hours*		Schedule D	Schedule E	Schedule F	Total fee
	HT	WT	\$59 per half hour	\$67 per half hour	\$76 per half hour	
Guilty plea and sentencing						
Pre-trial conference/callovers						
Pre-trial applications						
Trial						
Sentencing						
Bail/name suppression/media coverage/electronic monitoring						

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

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

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		
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		

Lead provider

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.
- 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