



**Legal Aid**

07/19 form **24d**

# Tax Invoice

## Criminal Legal Aid Fixed Fees

### Schedules D, E & F: Crown Prosecutions

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

To: **Legal Aid,** \_\_\_\_\_

Customer \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_

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

#### Administration/Case review

	Schedule D (excl. GST)	Schedule E (excl. GST)	Schedule F (excl. GST)
Preliminary work – new legal aid grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional charges added to grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Memorandum/Case review hearing – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Matters

Sentencing indications – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications and variations (opposed) – preparation of submissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applications and variations (unopposed) – preparation of submissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing reports – Written expert witness/report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing reports – Section 38 forensic report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing reports – Restorative justice report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing reports – Alcohol and drug report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing reports – Other court ordered report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness to plead/stand trial – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to Alcohol and Other Drug Treatment Court (AODTC) – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Pre-trial activities

Trial callover memorandum – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsequent callover memoranda – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure – by defendant – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure – application for disclosure of information (s30) – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure – other applications for disclosure – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure – non-party disclosure – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-trial applications – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total hearing time (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)</b>	\$
<b>Total disbursements (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

**Trial and Sentencing**

Disputed facts – preparation

<b>Schedule D</b> (excl. GST)	<b>Schedule E</b> (excl. GST)	<b>Schedule F</b> (excl. GST)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trial – preparation (part) when election for trial by jury is reversed OR client pleads guilty

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(Fixed Fee Plus Activity)</b>
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Trial – preparation (full) if case goes to a full hearing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(Fixed Fee Plus Activity)</b>
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Sentencing – preparation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Re-preparation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Interlocutory Appeals to the High Court**

Interlocutory appeal hearings – preparation

<b>Interim Fee</b> (excl. GST)	<b>Completion Fee</b> (excl. GST)	<b>Full Fee</b> (excl. GST)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Time	No. of half hours*		Schedule D \$59 per half hour	Schedule E \$67 per half hour	Schedule F \$76 per half hour	Total fee
	HT	WT				
Appearances						
Sentencing indications						
Applications and variations						
Fitness to plead/stand trial						
Referral to AODTC						
Pre-trial conferences and callovers						
Disclosure						
Pre-trial applications						
Disputed facts						
Trial						
Sentencing						
Interlocutory appeals to the High Court						

\*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:

**Fixed Fee Plus Activities<sup>1</sup>**

PAL for the case  2  3  4

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

<sup>1</sup>Activities 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		
Printing of disclosure		
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		
<b>Prior-approval disbursements</b> (attach receipts/invoices, where applicable)		

**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.
- 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