



08/17 form **25**
Tax Invoice
Criminal Legal Aid
Fixed Fees
Schedule G

| | |
|----------------------|--|
| 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 High Court _____ Court location _____

Details of claim

Date activity/fixed fee completed _____ Final invoice Interim

Date of final disposition (if final invoice) _____

Base Fees

Grounds of appeal (Interim Grants only)

| | Interim fee (excl. GST) | | Completion fee (excl. GST) | | Full fee (excl. GST) | |
|--|----------------------------|--|-------------------------------|--|--------------------------|--|
| 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"/> | |
| Appeal against sentence | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Appeal against conviction | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Appeal against conviction and sentence | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

Additional Fees

| | | |
|--|--------------------------|--|
| Termination of assignment fee (Appeal against disclosure decision) | <input type="checkbox"/> | |
| Termination of assignment fee (Bail or media coverage) | <input type="checkbox"/> | |
| Termination of assignment fee (Name suppression) | <input type="checkbox"/> | |
| Termination of assignment fee (Appeal against sentence) | <input type="checkbox"/> | |
| Termination of assignment fee (Appeal against conviction) | <input type="checkbox"/> | |
| Termination of assignment fee (Appeal against conviction and sentence) | <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 | | |
| Appeal hearing | | | | |

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 | | |
| | | |
| | | |

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 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