



Legal Aid

07/18 form 26a

Tax Invoice

Criminal Legal Aid Fixed Fees Schedules H & I

| | |
|----------------------|--|
| 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 Court of Appeal Supreme Court Court location _____

Details of claim

Date activity/fixed fee completed _____ Final invoice Interim invoice
 Date of final disposition (if final invoice) _____

| | Schedules H & I (excl. GST) | |
|--|--------------------------------|----------|
| Court of Appeal (Schedule H) | | |
| Preparation of issues (by trial counsel) (interim grant) | <input type="checkbox"/> | 1,000.00 |
| Preparation of issues (by new counsel) (interim grant) | <input type="checkbox"/> | 1,600.00 |
| Appeal against interlocutory decision – preparation | <input type="checkbox"/> | 1,800.00 |
| Appeal against sentence – preparation | <input type="checkbox"/> | 2,200.00 |
| Appeal against conviction – preparation | <input type="checkbox"/> | 3,200.00 |
| Appeal against conviction and sentence – preparation | <input type="checkbox"/> | 4,000.00 |
| Supreme Court (Schedule I) | | |
| Application (by trial or prior appeal counsel) (interim grant) – preparation | <input type="checkbox"/> | 1,000.00 |
| Application (by new counsel) (interim grant) – preparation | <input type="checkbox"/> | 1,800.00 |
| Response (by trial or prior appeal counsel) – preparation | <input type="checkbox"/> | 1,800.00 |
| Response (by new counsel) – preparation | <input type="checkbox"/> | 2,500.00 |
| Appeal hearing – preparation | | |

(Use Invoice Form 4)

Hearing Time

Waiting time exceeded one hour Yes No

| | Total units* | Rate (excl. GST) | Total fee |
|-------------------------------------|--------------|---------------------|-----------|
| Court of Appeal (Schedule H) | | | |
| Pre-hearing conference(s) | | \$159 per hour | |
| Appeal hearing | | \$350 per two hours | |
| Supreme Court (Schedule I) | | | |
| Leave to appeal (interim grant) | | \$350 per two hours | |
| Pre-hearing conference(s) | | \$159 per hour | |
| Response to leave to appeal | | \$350 per two hours | |
| Appeal hearing | | \$350 per two hours | |

*Total units include hearing and waiting time, rounded up to the nearest one or two hour blocks.

| | |
|---|----|
| 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

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

| | | |
|--|--|--|
| Interpreters preparation | | |
| Interpreters in court not judge directed | | |
| Library | | |
| Other LINZ fees | | |
| Printing of Court of Appeal casebooks | | |
| 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 | | |
| 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.

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