



Legal Aid

07/19 form 35

# Tax Invoice

## Family Legal Aid Fixed Fees Relationship Property

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

To: **Legal Aid,** \_\_\_\_\_  
 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_  
 Customer \_\_\_\_\_  
 Lead provider \_\_\_\_\_ Provider number \_\_\_\_\_  
 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

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
<b>Termination of Instructions</b>			
Initial instructions not carried through			
<b>Pre-Proceedings/Application(s)/Order(s)</b>			
Pre-proceedings			
Application(s)/Order(s)			
s21 Agreement			
Additional factors			
If two or more additional factors			
<b>Interlocutories</b>			
Document preparation where there is no hearing			
Interlocutory hearing(s) – Preparation			
Interlocutory hearing(s) – Hearing time			
			<b>(Fixed Fee Plus Activity)</b>
<b>Pre-Hearing Matters</b>			
Complying with Judge's directions			
Settlement Conference(s) – Preparation			
Settlement Conference(s) – Hearing time			
Memorandum of Consent			
Discovery			
Interrogatories			
Document preparation			
Judicial Conference(s) – Preparation			
Judicial Conference(s) – Hearing time			
Instructing agent - Settlement conference/interlocutory			
Additional factors			
<b>Defended Hearing(s)</b>			
Complying with Judge's directions			
Defended hearing(s) – Preparation			
Defended hearing(s) – Hearing time			
Review of Judgment			
Instructing agent – Defended hearing(s)			
Additional factors			

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>User charge deduction (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

**Interim Grant**

Determine merits/prospects of success

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	Lead Provider		Listed Provider B	
	Provider name or number		Provider name or number	
	Level of experience	1 2 3	Level of experience	1 2 3 SUP
Provider rate (excl. GST)	\$		\$	
<b>Fixed Fee Plus Activities<sup>1</sup></b>	Hours	Total fees	Hours	Total fees

<sup>1</sup>Activities where prior approval has been sought and granted.

Disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing customer		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Other LINZ fees		
Report – Medical		
Title search		
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		
Valuations		
<b>Prior-approval disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)</b>		

<b>User charge</b>	<p>Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.</p> <p>The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.</p> <p><b>Total amount less the user charge deduction (incl. GST)*</b> \$ <input style="width: 100px;" type="text"/></p>
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**Progress/Result**

Please provide an update on the current status of the proceedings.

*continue on a separate sheet if necessary ...*

**Proceeds of Proceedings**

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/Values	Details/Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

**Lead provider**

**I confirm that:**

- If claiming hearing time, I have records of all hearing time covered by this claim.
- This claim is based on the tasks undertaken for the relevant activity/activities and disbursements actually and reasonably incurred
- 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 acknowledge that:**

- If this case is subject to a user charge, the total approved payment may be reduced by the amount of the user charge where the total approved is more than the user charge.

**Signature of lead provider**

**Date**

day month year