



Legal Aid

07/19 form 38 Tax Invoice ACC Legal Aid Fixed Fees

| | |
|----------------------|--|
| 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 Forum Category 1 2

| | Number of fixed fees | Fixed fee (excl. GST) | Total fixed fees (excl. GST) |
|--|----------------------|-----------------------|------------------------------|
| ACC (Interim) – Pre-Review Assessment | | | |
| Early termination of instructions | | | |
| ACC mediation(s) – Preparation | | | |
| ACC mediation(s) – Hearing time | | | |
| Instructing specialists, where pre-review is omitted | | | |
| Pre-review assessment | | | |
| ACC (Full) – ACC Review | | | |
| Early termination of instructions, where pre-review is omitted | | | |
| ACC mediation(s) – Preparation, where pre-review is omitted | | | |
| ACC mediation(s) – Hearing time, where pre-review is omitted | | | |
| Instruction of specialists, where pre-review is omitted | | | |
| ACC review – No pre-review – Preparation | | | |
| ACC review – After pre-review – Preparation | | | |
| Hearing time | | | |
| ACC (Full) – District Court Appeal | | | |
| Early termination of instructions | | | |
| Instruction of specialists, where pre-review is omitted | | | |
| Pre-court Judicial Meeting(s) – Preparation | | | |
| Pre-court Judicial Meeting(s) – Hearing time | | | |
| Re-preparation prior to a hearing | | | |
| District Court Appeal – New provider – Preparation | | | |
| District Court Appeal – Review provider – Preparation | | | |
| Hearing time | | | |

| | |
|---|----|
| Total fixed fees (excl. GST)* | \$ |
| Total fixed fee plus activities (excl. GST)* | \$ |
| Total disbursements (excl. GST)* | \$ |
| User charge deduction (excl. GST)* | \$ |
| Total GST* | \$ |
| Total amount (incl. GST) | \$ |

*If you are not registered for GST, you will be paid the GST excl. amount

| | Lead Provider | | Listed Provider B | | | |
|--|---------------------------|--------------|-------------------|---|--------------|-------------------|
| | Provider name or number | | 1 | 2 | 3 | SUP |
| | Level of experience | | | | | |
| | Provider rate (excl. GST) | \$ | | | | |
| Fixed Fee Plus Activities¹ | | Hours | Total fees | | Hours | Total fees |
| | | | | | | |
| | | | | | | |
| | | | | | | |

¹ Activities where prior approval has been sought and granted.

| Disbursements (attach receipts/invoices, where applicable) | Units | Total (excl. GST) |
|--|-------|-------------------|
| ACC casebook | | |
| Court-directed bundles – in-house | | |
| Court-directed bundles – third party | | |
| Deed of Assignment | | |
| Drug testing – judge directed | | |
| Interpreters | | |
| Library | | |
| Office disbursement | | |
| Other LINZ fees | | |
| Psychiatric/psychologist reports | | |
| 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 | | |
| Lead Provider Travel – Time – necessary | | |
| Listed Provider B Travel Time – necessary | | |

| Prior-approval disbursements (attach receipts/invoices, where applicable) | Units | Total (excl. GST) |
|---|-------|-------------------|
| | | |
| | | |
| | | |

| | |
|--------------------|--|
| User charge | <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>Total amount less the user charge deduction (incl. GST)* \$ <input type="text"/></p> |
|--------------------|--|

| | |
|------------------------|--|
| Progress/Result | <p>Please provide an update on the current status of the proceedings.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
|------------------------|--|

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