## Tax Invoice

**Criminal Legal Aid**

**To:** Legal Aid,  
DX Box Number

**Name of aided person**

**Name of lead provider**  
**Name of law firm**

**Court type**

- [ ] District Court  
- [ ] High Court  
- [ ] Court of Appeal  
- [ ] Supreme Court

**Court location**

**Description of proceedings**

- [ ] Administration  
- [ ] Pre-trial applications  
- [ ] Guilty Plea  
- [ ] Bail (unopposed)  
- [ ] Bail (opposed)  
- [ ] Bail (electronic)  
- [ ] Appeal – sentence/conviction  
- [ ] Other (specify)

**Details of claim**

**Provider approval level**  
[ ] 1  
[ ] 2  
[ ] 3  
[ ] 4

**Provider name or number**

**Level of experience**

- [ ] 1  
- [ ] 2  
- [ ] 3  
- [ ] A  
- [ ] B

**Provider rate (excl. GST)**

$ __________

**Step No.**  
**Date**  
**Activities**  
**Hours**  
**Total Fee**

**Please note:** you must fill in the ‘Exceeds guideline hours’ and ‘Reasons’ sections over the page if you are claiming for hours in addition to the steps, and you have not already submitted a Form 2 amendment.

**OTHER (specify)**

**Lead Provider**

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<th>A</th>
<th>B</th>
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<tbody>
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<td>2</td>
<td>3</td>
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**Listed Provider B**

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<tr>
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<td>SUP</td>
<td>A</td>
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**Other (specify)**

**Total fees (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 receipts/invoices, where applicable)

<table>
<thead>
<tr>
<th>Step</th>
<th>Activities</th>
<th>Reasons</th>
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### Prior-approval disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

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<th>Reasons</th>
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### Exceeds guideline hours

Fill in this section if you are claiming for hours in addition to the steps.

Have any of the matters for which you have exceeded the guideline hours or the pre-approved hours, been disposed of by a court, tribunal or any other means?

- [ ] No
- [ ] Yes

Date of final disposition

Please outline reasons for delay in submitting this amendment (refer to section 28 of the Legal Services Act 2011)

continue on a separate sheet if necessary...

### Reasons

Give reasons for exceeding guideline hours or pre-approved hours for each activity to support an amendment to the grant. This information will be considered as an application to amend the grant. If insufficient detail is provided a Form 2 amendment application may be required.

<table>
<thead>
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<th>Reasons</th>
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continue on a separate sheet if necessary...
Work completed

If this is a final invoice, please state work completed and the results of the proceedings. If this is an interim invoice, please state work completed for the part of the proceedings being claimed.

Lead provider

I confirm that:

- This claim is based on the hours 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 for whom a claim is made, performed his or her work under my supervision and I am responsible for it.

Signature of lead provider

Date

day  month  year

Is an ‘Amendment to Grant’ submitted with this invoice?

[ ] No  [ ] Yes