### Details of claim

**To:** Legal Aid,  
Name of aided person  
Name of lead provider  
Name of law firm  

**DX Box Number**  
**City**

**Name of law firm**  
**Provider number**  

**Details of claim**

<table>
<thead>
<tr>
<th>Covers period from:</th>
<th>to:</th>
<th>Final invoice</th>
<th>Interim invoice</th>
<th></th>
</tr>
</thead>
</table>

**Date of final disposition (if final invoice):**

Please record the number of fixed fees for repeatable fee activities, activities based on anticipated hearing time, and hearing time activities.

<table>
<thead>
<tr>
<th>Fixed fee</th>
<th>Total fixed fees</th>
</tr>
</thead>
</table>

- **Number of fixed fees**
- **Fixed fee (excl. GST)**
- **Total fixed fees (excl. GST)**

#### Pre-proceeding Matters
- Early termination of instructions
- Pre-proceeding activities

#### Mediation (refer to granting notes)
- Preparation
- Time

#### Investigation
- Completion and filing of Statement of Problem
- Directions conference(s)/Teleconference(s) – Preparation
- Directions conference(s)/Teleconference(s) – Meeting time
- Investigation meeting – Preparation
- Investigation meeting – Meeting time
- Review of Authority’s direction, determination, or order

#### Interlocutories (refer to granting notes)
- Document preparation where there is no hearing
- Hearing(s)/Teleconference(s) – Preparation
- Hearing(s)/Teleconference(s) – Time

#### Other Activities
- Costs application
- Removal of matter or part matter to Court

**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*
<table>
<thead>
<tr>
<th>Provider name or number</th>
<th>Lead Provider</th>
<th>Listed Provider B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 EA</td>
<td>1 2 3 SUP EA</td>
</tr>
<tr>
<td>Level of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider rate (excl. GST)</td>
<td>$</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Fixed Fee Plus Activities&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Hours</th>
<th>Total fees</th>
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</table>

1 Activities where prior approval has been sought and granted.

**Disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

- Birth certificate
- Court-directed bundles of documents
- Court filing fee
- Deed of Assignment
- Document process server
- Drug testing
- Employment casebook
- Employment Relations Authority application/filing fee
- ERA-required bundles of documents
- Interpreter
- Library
- Other LINZ fees
- Office disbursements
- Title search
- Translator
- 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
- Valuation
- Witnesses and expert witnesses – allowance

**Prior-approval disbursements** (specify using GST excl. amount and attach invoice/receipts, where applicable)

- Witnesses and expert witnesses – travel

**User charge**

Please complete if this case is subject to a user charge and the user charge amount has not been deducted on this file.

The total approved payment may be reduced by the user charge amount where the total approved is more than the user charge.

**Total amount less the user charge deduction** (incl. GST)* $
Progress/Result

Please provide an update on the current status of the proceedings or attach a copy of the order/agreement/judgment etc.

continue on a separate sheet if necessary ...

Proceeds of Proceedings

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

<table>
<thead>
<tr>
<th>Costs</th>
<th>Cash</th>
<th>Assets</th>
<th>Other</th>
<th>Amount/Values</th>
<th>Details/Description</th>
</tr>
</thead>
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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