



07/16 form **38**  
**Tax Invoice**  
ACC Legal Aid  
**Fixed Fee/Fixed Fee Plus**

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

To: **Legal Aid**, \_\_\_\_\_  
 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_  
 Name of aided person \_\_\_\_\_  
 Name of lead provider \_\_\_\_\_ Provider number \_\_\_\_\_  
 Name of law firm \_\_\_\_\_ Firm number \_\_\_\_\_

**Details of claim**

Covers period from: \_\_\_\_\_ to: \_\_\_\_\_ Forum Category: 1  2   
 Interim invoice  Final invoice Date of final disposition (if final invoice): \_\_\_\_\_

	Number of fixed fees	Fixed fee (excl. GST)	Total fixed fees (excl. GST)
<b>ACC (Interim) – Pre-Review Assessment</b>			
Early termination of instructions			
ACC mediation(s) – Preparation			
ACC mediation(s) – Hearing time			
Instructing specialists, where pre-review is omitted			
Pre-review assessment			
<b>ACC (Full) – ACC Review</b>			
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			
<b>ACC (Full) – District Court Appeal</b>			
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			

<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

	Lead Provider		Listed Provider B															
	Hours	Total fees	Hours	Total fees														
Provider name or number	_____		_____															
Level of experience	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		1	2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>SUP</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		1	2	3	SUP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	2	3																
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1	2	3	SUP															
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>															
<b>Fixed Fee Plus Activities</b> <sup>1</sup>																		

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

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

ACC casebook		
Court-directed bundles – in-house		
Court-directed bundles – third party		
Deed of Assignment		
Interpreters		
Library		
Office disbursement		
Other LINZ fees		
Psychiatric/psychologist reports		
Report – Medical		
Title search		
Translators		
Travel – Personal car – necessary (@ specified rate per km)		
Travel – Plane, train, bus, taxi, and parking – necessary		
Travel – Rental car – necessary		
Lead Provider Travel – Time – necessary		
Listed Provider B Travel Time – necessary		
Witnesses and expert witnesses – allowances		

**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.

[Empty rectangular box for content]

*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