



Legal Aid

# 10/23 form 23c Tax Invoice

## Criminal Legal Aid Fixed Fees Schedules A, B & C: Police Prosecutions

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

To: **Legal Aid,** \_\_\_\_\_  
 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_  
 Customer \_\_\_\_\_  
 Lead provider \_\_\_\_\_ Law firm \_\_\_\_\_  
 Provider number \_\_\_\_\_ Firm number \_\_\_\_\_  
 Court type  District Court  High Court Court location \_\_\_\_\_

### Details of claim

**Fixed Fee:** Date fixed fee(s) completed \_\_\_\_\_ **Fixed Fee Plus:** Covers period from \_\_\_\_\_ to \_\_\_\_\_  
 Interim invoice  Final invoice

	Schedule A (excl. GST)	Schedule B (excl. GST)	Schedule C (excl. GST)
<b>Administration/Case review</b>			
Preliminary work – new legal aid grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional charges added to grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Memorandum (CMM)/Case review hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Matters</b>			
Sentencing indications – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness to plead/stand trial – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trial and Sentencing</b>			
Disputed facts – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial – preparation (part) if case resolves prior to trial but a significant amount of work has been carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial – preparation (full) – if case goes to a hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentencing (when remanded off for sentencing) – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pre-trial admissibility hearing</b>			
Pre-trial admissibility – preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Applications and variations</b>			
Opposed applications and variations – prepare submission(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unopposed applications and variations – prepare submission(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Total fixed fees (excl. GST)*</b>	\$
<b>Total hearing time (excl. GST)*</b>	\$
<b>Total fixed fee plus activities (excl. GST)*</b>	\$
<b>Total disbursements (excl. GST)*</b>	\$
<b>Total GST*</b>	\$
<b>Total mileage (no GST)</b>	\$
<b>Total amount (incl. GST)*</b>	\$

\*If you are not registered for GST, you will be paid the GST excl. amount. There is no GST on mileage.

<b>Schedule A</b> (excl. GST)	<b>Schedule B</b> (excl. GST)	<b>Schedule C</b> (excl. GST)
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**Sentencing reports/submissions**

Expert witness/reports	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Section 38 – forensic report	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Restorative justice report	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Written sentencing submissions	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**(Interlocutory) Appeals to the High Court**

Preparation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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Hearing Time	No. half hours*		Rate (excl. GST) \$54 per half hour	Total fee
	HT	WT		
Appearances				
Sentencing indications				
Fitness to plead/stand trial				
Disputed Facts				
Trial				
Sentencing (when remanded off for sentencing)				
Pre-trial admissibility				
Applications and variations				
Interlocutory appeal				

\*Hearing time (HT) and waiting time (WT) to be recorded separately in half hour blocks.

Waiting time for an activity exceeded one hour?  No

Yes → Reasons:

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

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

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Interpreters preparation		
Interpreters in court not judge directed		
Library		
Other LINZ fees		
Report – Medical		
Report – Restorative justice		
Translators		
Travel – Personal car – necessary – @ \$ per km (as per policy). There is no GST on mileage.		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		
<b>Prior-approval disbursements (attach receipts/invoices, where applicable)</b>		

**Lead provider**

**Please tick as appropriate:**

- I am making a claim on a grant that has been reassigned to me.
- I am making a claim on a grant that has been reassigned to another provider.
- I have filed the Case Management Memorandum within the time frames as set out in 4.6 of the Criminal Procedure Rules 2012.

**I confirm that:**

- 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 have advised Legal Aid of all charges I am aware of against the customer named above.
- If claiming hearing time, I have records of all hearing time covered by this claim.

**Signature of lead provider**

**Date**

day month year