



Legal Aid

10/23 form 24

# Tax Invoice

## Criminal Legal Aid Fixed Fees Schedules D-F

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 D (excl. GST)		Schedule E (excl. GST)		Schedule F (excl. GST)	
<b>Base Fees</b>						
All guilty plea and sentencing preparation (including sentencing indication)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Committal (including post committal conference)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Preparation (memorandum – initial callover)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Preparation (memorandum – all subsequent callovers)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pre-trial application preparation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Trial preparation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	(Fixed Fee Plus Activity)
Sentencing preparation (including judicial monitoring)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Additional Fees</b>						
Opposed application for bail, name suppression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Electronic bail monitoring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Opposed application for media coverage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unopposed application for bail, name suppression	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Opposed variation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Unopposed variation	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Disclosure by defendant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Application for disclosure of information	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other applications for disclosure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Non-party disclosure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Expert witness/reports	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Section 38 – forensic report	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Restorative justice report	<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.

Hearing Time	No. of half hours*		Schedule D	Schedule E	Schedule F	Total fee
	HT	WT	\$67 per half hour	\$75 per half hour	\$85 per half hour	
Guilty plea and sentencing						
Pre-trial conference/callovers						
Pre-trial applications						
Trial						
Sentencing						
Bail/name suppression/media coverage/electronic monitoring						

\*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:

**Fixed Fee Plus Activities<sup>1</sup>**

PAL for the case  2  3  4

Provider name or number	Lead Provider		Listed Provider B	
	Level of experience	Provider rate (excl. GST)	Level of experience	Provider rate (excl. GST)
	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/>	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>SUP</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/>
	<b>Hours</b>	<b>Total fees</b>	<b>Hours</b>	<b>Total fees</b>

<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		

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

**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.

AND  I have prior approval to claim a termination of assignment fee.

OR  I am seeking approval to claim a termination of assignment fee in conjunction with this invoice.

**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