



Legal Aid

10/23 form 23d

# 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

#### Administration/Case review

Preliminary work – new legal aid grant

Additional charges added to grant

Charge discussions

Case Management Memorandum/Case review hearing – preparation

Schedule A (excl. GST)	Schedule B (excl. GST)	Schedule C (excl. GST)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Matters

Sentencing indications – preparation

Applications and variations (opposed) – preparation of submissions

Applications and variations (unopposed) – preparation of submissions

Sentencing report – Written expert witness/report

Sentencing report – Section 38 forensic report

Sentencing report – Restorative justice report

Sentencing report – Alcohol and drug report

Sentencing report – Other court ordered report

Written sentencing submissions

Fitness to plead/stand trial – preparation

Referral to Alcohol and Other Drug Treatment Court (AODTC) – preparation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Pre-trial activities

Pre-trial admissibility – preparation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Total fixed fees (excl. GST)\***

\$

**Total hearing time (excl. GST)\***

\$

**Total fixed fee plus activities (excl. GST)\***

\$

**Total disbursements (excl. GST)\***

\$

**Total GST\***

\$

**Total mileage (no GST)**

\$

**Total amount (incl. GST)\***

\$

\*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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**Trial and Sentencing**

Disputed facts – preparation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Trial – preparation (part) – if case resolves prior to trial but a significant amount of work has been carried out	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Trial – preparation (full) – if case goes to a hearing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Sentencing (when remanded off for sentencing) – preparation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Re-preparation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**Interlocutory Appeals to the High Court**

Interlocutory appeal hearings – 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				
Applications and variations				
Fitness to plead/stand trial				
Referral to AODTC				
Pre-trial admissibility				
Disputed facts				
Trial				
Sentencing (when remanded off for sentencing)				
Interlocutory appeals to the High Court				

\*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

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Interpreters preparation		
Interpreters in court not judge directed		
Library		
Other LINZ fees		
Printing of disclosure		
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)


**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