



Legal Aid

10/23 form 24a

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**, _____

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

Base Fees	Schedule D (excl. GST)	Schedule E (excl. GST)	Schedule F (excl. GST)
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Memorandum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation Trial Callover Memorandum	<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 applications including Responding to Crown Applications – Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Fixed Fee Plus Activity)
Sentencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Fees

Bail, name suppression, media coverage and electronic bail monitoring

Opposed application for bail or bail variation, name suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second opposed bail whether application or variation	<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"/>

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.

Disclosure – Criminal Disclosure Act 2008

	Schedule D (excl. GST)	Schedule E (excl. GST)	Schedule F (excl. GST)
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 sentencing reports

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

(Interlocutory) Appeals to the High Court

Appeal against disclosure decision (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against disclosure decision (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against disclosure decision (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No. of half hours*		Schedule D \$67 per half hour	Schedule E \$75 per half hour	Schedule F \$85 per half hour	Total fee
	HT	WT				
Hearing Time						
Pre-trial conference and Callovers, pre-trial application, trial and sentence hearing time						
Bail, name suppression, media coverage, electronic monitoring hearing time						
Appeal – hearing time						

*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 Activities¹

PAL for the case 2 3 4

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

¹Activities 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)		

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 aided person 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