



Legal Aid

10/23 form 25a Tax Invoice Criminal Legal Aid Fixed Fees Schedule G

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

To: **Legal Aid**, _____
 Customer _____ DX Box Number _____ City _____
 Lead provider _____ Law firm _____
 Provider number _____ Firm number _____
 Court type 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	Interim fee (excl. GST)		Completion fee (excl. GST)		Full fee (excl. GST)	
Grounds of appeal (Interim Grants only)						
Appeal against sentence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Appeal against conviction	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Appeal against conviction and sentence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Additional Fees

Termination of assignment fee (Appeal against sentence)	<input type="checkbox"/>	
Termination of assignment fee (Appeal against conviction)	<input type="checkbox"/>	
Termination of assignment fee (Appeal against conviction and sentence)	<input type="checkbox"/>	

Hearing Time	No. of half hours*		Schedule A-C	Schedule D	Schedule E	Schedule F	Total fee
	HT	WT	\$54 per half hour	\$67 per half hour	\$75 per half hour	\$85 per half hour	
Appeal hearing							

*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:

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.

Fixed Fee Plus Activities¹

PAL for the case 1 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) \$
	1 2 3		1 2 3 SUP	
	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)		

Interim fee	<p>If you are claiming an interim fee, please explain the work undertaken to substantially progress the case.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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Lead provider	<p>Please tick as appropriate:</p> <p><input type="checkbox"/> I am making a claim on a grant that has been reassigned to me.</p> <p><input type="checkbox"/> I am making a claim on a grant that has been reassigned to another provider.</p> <p>I confirm that:</p> <ul style="list-style-type: none"> • 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. <p>Signature of lead provider</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Date</p> <div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-between;"> day month year </div>
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