



Legal Aid

10/23 form 25 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,** _____
 _____ DX Box Number _____ City _____
 Customer _____
 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 disclosure decision	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Appeal against bail or media coverage	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Appeal against name suppression	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Appeal against sentence	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Appeal against conviction	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Appeal against conviction and sentence	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Additional Fees

Termination of assignment fee (Appeal against disclosure decision)	<input type="checkbox"/>	<input type="text"/>
Termination of assignment fee (Bail or media coverage)	<input type="checkbox"/>	<input type="text"/>
Termination of assignment fee (Name suppression)	<input type="checkbox"/>	<input type="text"/>
Termination of assignment fee (Appeal against sentence)	<input type="checkbox"/>	<input type="text"/>
Termination of assignment fee (Appeal against conviction)	<input type="checkbox"/>	<input type="text"/>
Termination of assignment fee (Appeal against conviction and sentence)	<input type="checkbox"/>	<input type="text"/>

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.

Hearing Time	No. half hours*		Rate (excl. GST) \$54 per half hour	Total fee
	HT	WT		
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:

Fixed Fee Plus Activities ¹	Provider name or number	Lead Provider		Listed Provider B			
		Level of experience	Provider rate (excl. GST) \$	Level of experience	Provider rate (excl. GST) \$	Hours	Total fees
		<div style="display: flex; justify-content: space-around;"> 123 </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> 123SUP </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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

If you are claiming an interim fee, please explain the work undertaken to substantially progress the case.

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 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