



<b>Schedule A</b> (excl. GST)	<b>Schedule B</b> (excl. GST)	<b>Schedule C</b> (excl. GST)
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**Sentencing reports/submissions**

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

**(Interlocutory) Appeals to the High Court**

Appeal against disclosure decision (s33(3)(b) Criminal Disclosure Act 2008)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Bail or media coverage	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Name suppression	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Hearing Time	No. half hours*		Rate (excl. GST) \$48 per half hour	Total fee
	HT	WT		
Appearances				
Sentencing indications				
Fitness to plead/stand trial				
Disputed Facts				
Trial				
Sentencing (when remanded off for sentencing)				
Pre-trial admissibility				
Applications for bail, name suppression, media coverage, electronic bail				
Interlocutory appeal				

\*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	1	2	3	1	2	3	SUP
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>				
<b>Fixed Fee Plus Activities<sup>1</sup></b>	<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)		
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