



Legal Aid

07/19 form 23c
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,
Customer
Lead provider
Provider number
Court type
DX Box Number
City
Law firm
Firm number
Court location

Details of claim

Fixed Fee: Date fixed fee(s) completed
Fixed Fee Plus: Covers period from to
Interim invoice
Final invoice

Table with columns: Administration/Case review, Other Matters, Trial and Sentencing, Pre-trial admissibility hearing, Applications and variations. Rows include Preliminary work, Charge discussions, Sentencing indications, Disputed facts, etc.

Summary table with rows: Total fixed fees (excl. GST)\*, Total hearing time (excl. GST)\*, Total fixed fee plus activities (excl. GST)\*, Total disbursements (excl. GST)\*, Total GST\*, Total amount (incl. GST)\*

\*If you are not registered for GST, you will be paid the GST excl. amount

<b>Schedule A</b> (excl. GST)	<b>Schedule B</b> (excl. GST)	<b>Schedule C</b> (excl. GST)
----------------------------------	----------------------------------	----------------------------------

**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**

Preparation	<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 and variations				
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	<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"/>	
<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		
<b>Prior-approval disbursements (attach receipts/invoices, where applicable)</b>		

**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