



Legal Aid

07/19 form 24
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
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: Base Fees, Additional Fees, Schedule D (excl. GST), Schedule E (excl. GST), Schedule F (excl. GST). Rows include: All guilty plea and sentencing preparation, Committal, Preparation, Pre-trial application preparation, Trial preparation, Sentencing preparation, Opposed application for bail, Electronic bail monitoring, 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

Hearing Time	No. of half hours*		Schedule D	Schedule E	Schedule F	Total fee
	HT	WT	\$59 per half hour	\$67 per half hour	\$76 per half hour	
Guilty plea and sentencing						
Pre-trial conference/callovers						
Pre-trial applications						
Trial						
Sentencing						
Bail/name suppression/media coverage/electronic monitoring						

*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

Provider name or number	Lead Provider		Listed Provider B	
	Level of experience	Provider rate (excl. GST)	Level of experience	Provider rate (excl. GST)
	<div style="display: flex; justify-content: space-around;"> 123 </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/>	<div style="display: flex; justify-content: space-around;"> 123SUP </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <input style="width: 100px;" 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)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary		

Prior-approval disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)

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.

AND I have prior approval to claim a termination of assignment fee.

OR I am seeking approval to claim a termination of assignment fee in conjunction with this invoice.

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