



Legal Aid

07/19 form 24a
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

Form for legal aid file details

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 for Base Fees, Additional Fees, and Disclosure - Criminal Disclosure Act 2008, and rows for various legal activities like Administration, Case Review, 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

Expert sentencing reports

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

(Interlocutory) Appeals to the High Court

Appeal against disclosure decision (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against disclosure decision (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against disclosure decision (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against bail or media coverage (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (interim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (completion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against name suppression (full)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Time	No. of half hours*		Schedule D \$59 per half hour	Schedule E \$67 per half hour	Schedule F \$76 per half hour	Total fee
	HT	WT				
Pre-trial conference and Callovers, pre-trial application, trial and sentence hearing time						
Bail, name suppression, media coverage, electronic monitoring hearing time						
Appeal – hearing time						

*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

	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"/>	
	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)		

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 aided person 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