



Legal Aid

07/19 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,
Customer
Lead provider
Provider number
Court type [X] High Court

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, Interim fee (excl. GST), Completion fee (excl. GST), Full fee (excl. GST). Rows include Grounds of appeal (Interim Grants only) such as Appeal against disclosure decision, Appeal against bail or media coverage, etc.

Table with columns: Additional Fees, Interim fee (excl. GST), Completion fee (excl. GST), Full fee (excl. GST). Rows include Termination of assignment fee (Appeal against disclosure decision), Termination of assignment fee (Bail or media coverage), 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. half hours*		Rate (excl. GST) \$48 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	Lead Provider		Listed Provider B	
	Hours	Total fees	Hours	Total fees
Provider name or number	_____		_____	
Level of experience	<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"/>	
Provider rate (excl. GST)	\$ _____		\$ _____	

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)		

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