



Legal Aid

# 07/19 form 25a 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 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_  
 Lead provider \_\_\_\_\_ Law firm \_\_\_\_\_  
 Provider number \_\_\_\_\_ Firm number \_\_\_\_\_  
 Court type  High Court \_\_\_\_\_ Court location \_\_\_\_\_

### Details of claim

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

Base Fees	Interim fee (excl. GST)	Completion fee (excl. GST)	Full fee (excl. GST)
Grounds of appeal ( <b>Interim Grants only</b> )			
Appeal against sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against conviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appeal against conviction and sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Fees**

Termination of assignment fee (Appeal against sentence)	<input type="checkbox"/>	<input type="checkbox"/>
Termination of assignment fee (Appeal against conviction)	<input type="checkbox"/>	<input type="checkbox"/>
Termination of assignment fee (Appeal against conviction and sentence)	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Time	No. of half hours*		Schedule A-C \$48 per half hour	Schedule D \$59 per half hour	Schedule E \$67 per half hour	Schedule F \$76 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:

<b>Total fixed fees (excl. GST)*</b>	<b>\$</b>
<b>Total hearing time (excl. GST)*</b>	<b>\$</b>
<b>Total fixed fee plus activities (excl. GST)*</b>	<b>\$</b>
<b>Total disbursements (excl. GST)*</b>	<b>\$</b>
<b>Total GST*</b>	<b>\$</b>
<b>Total amount (incl. GST)*</b>	<b>\$</b>

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

**Fixed Fee Plus Activities<sup>1</sup>**

PAL for the case  1  2  3  4

Provider name or number	Lead Provider		Listed Provider B	
	Hours	Total fees	Hours	Total fees
Level of experience	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ _____		\$ _____	

<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</b> (attach receipts/invoices, where applicable)		

<b>Interim fee</b>	<p>If you are claiming an interim fee, please explain the work undertaken to substantially progress the case.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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<b>Lead provider</b>	<p><b>Please tick as appropriate:</b></p> <p><input type="checkbox"/> I am making a claim on a grant that has been reassigned to me.</p> <p><input type="checkbox"/> I am making a claim on a grant that has been reassigned to another provider.</p> <p><b>I confirm that:</b></p> <ul style="list-style-type: none"> <li>• No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by Legal Aid).</li> <li>• Any non-lawyer or supervised provider performed his or her work under my supervision and I am responsible for it.</li> <li>• I have advised Legal Aid of all charges I am aware of against the customer named above.</li> <li>• If claiming hearing time, I have records of all hearing time covered by this claim.</li> </ul> <p><b>Signature of lead provider</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p><b>Date</b></p> <div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-between;"> <div style="width: 20%;"></div> <div style="width: 60%;"></div> <div style="width: 20%;"></div> </div> <p style="text-align: right; font-size: small;">day month year</p>
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