



Legal Aid

07/19 form 26
Tax Invoice
Criminal Legal Aid
Fixed Fees
Schedules H & I

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

Court of Appeal (Schedule H) – Base Fees

Table with 2 columns: Description, Schedules H & I (excl. GST). Rows include Preparation of issues, Appeal against interlocutory decision, Appeal against sentence, Appeal against conviction, Appeal against conviction and sentence.

Supreme Court (Schedule I) – Base Fees

Table with 2 columns: Description, Schedules H & I (excl. GST). Rows include Preparation of application, Preparation of response, Preparation for substantive appeal hearing.

Hearing Time

Table with 4 columns: Description, No. half hours* (HT, WT), Rate (excl. GST), Total fee. Rows include Court of Appeal (Schedule H) and Supreme Court (Schedule I) activities.

*Hearing time (HT) and waiting time (WT) to be recorded separately in half hour blocks.

Summary table with 2 columns: Description, Amount. Rows include Total fixed fees, Total hearing time, Total fixed fee plus activities, Total disbursements, Total GST, Total amount.

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

Waiting time for an activity exceeded one hour?

 No

Yes → Reasons:

| | 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) | \$ _____ | | \$ _____ | |
| Fixed Fee Plus Activities¹ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | | |
| Printing of Court of Appeal casebooks | | |
| 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 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