



Legal Aid

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

Table with 2 columns: Field (Legal aid file no., Invoice date, Invoice number, GST number, Lead provider's ref., Charges/CRNs) and Input box.

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 2 columns: Activity (Court of Appeal, Supreme Court) and Schedules H & I (excl. GST)

Hearing Time

Table with 4 columns: Activity (Court of Appeal, Supreme Court), Total units\*, Rate (excl. GST), Total fee

\*Total units include hearing and waiting time, rounded up to the nearest one or two hour blocks.

Summary table with 2 columns: Total (Total fixed fees, Total hearing time, Total fixed fee plus activities, Total disbursements, Total GST, Total amount) and 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:

| Fixed Fee Plus Activities <sup>1</sup> | Lead Provider  |                          | Listed Provider B        |            |   |                          |                          |                          |   |  |   |   |   |     |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|------------|---|--------------------------|--------------------------|--------------------------|---|--|---|---|---|-----|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Hours  | Total fees               | Hours                    | Total fees |   |                          |                          |                          |   |  |   |   |   |     |                          |                          |                          |                          |
| Provider name or number                | _____  |                          | _____                    |            |   |                          |                          |                          |   |  |   |   |   |     |                          |                          |                          |                          |
| Level of experience                    | <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                          | 1                        | 2          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>SUP</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | 1 | 2 | 3 | SUP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                                      | 2  | 3                        |                          |            |   |                          |                          |                          |   |  |   |   |   |     |                          |                          |                          |                          |
| <input type="checkbox"/>               | <input type="checkbox"/>   | <input type="checkbox"/> |                          |            |   |                          |                          |                          |   |  |   |   |   |     |                          |                          |                          |                          |
| 1                                      | 2  | 3                        | 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  |       |                   |
| Printing of Court of Appeal casebooks  |       |                   |
| Printing of disclosure   |       |                   |
| 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) |       |                   |
|  |       |                   |
|  |       |                   |

**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