



Legal Aid

07/19 form 27

# Tax Invoice

## Criminal Legal Aid

### Fixed Fees

#### Schedule J

Legal aid file no.	
Invoice date	
Invoice number	
GST number	
Lead provider's ref.	

To: **Legal Aid,** \_\_\_\_\_

Customer \_\_\_\_\_

Lead provider \_\_\_\_\_ Law firm \_\_\_\_\_

Provider number \_\_\_\_\_ Firm number \_\_\_\_\_

Court type  High Court  Court of Appeal  Parole Board 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)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postponement order						
Recall						
Non-release orders						
Extended supervision orders						
Other parole matters						
Parole appeal – Grounds of appeal ( <b>Interim Grants only</b> )						
Parole appeal to the High Court from Parole Board						<b>(Fixed Fee Plus Activity)</b>
Parole appeal to the Court of Appeal from sentencing court						<b>(Fixed Fee Plus Activity)</b>
<b>Additional Fees</b>						
Termination of assignment fee (Postponement order)						
Termination of assignment fee (Recall)						
Termination of assignment fee (Non-release orders)						
Termination of assignment fee (Extended supervision orders)						

Hearing Time	No. half hours*		Rate (excl. GST) \$59 per half hour	Total fee
	HT	WT		
Parole hearing				
Parole appeal hearing				

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

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

\*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	
	Provider name or number	Level of experience	Provider rate (excl. GST)	Provider rate (excl. GST)
<b>Fixed Fee Plus Activities<sup>1</sup></b>	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>SUP</span> </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
	Hours	Total fees	Hours	Total fees

<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		
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)	Units	Total (excl. GST)

<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: 50px; margin-top: 10px;"></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>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; width: 400px; height: 25px; margin-top: 5px;"></div>	<p><b>Date</b></p> <div style="border: 1px solid black; width: 100px; height: 25px; margin-top: 5px;"></div> <p style="text-align: center; font-size: small;">day    month    year</p>
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