



Legal Aid

07/19 form 27a
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
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 columns: Proceedings before the NZ Parole Board, Parole appeals, Other matters, Reassignment. Includes rows for Postponement order, Recall, Non-release order, etc.

Table with columns: Hearing Time, No. half hours\* (HT, WT), Rate (excl. GST), Total fee. Includes rows for Parole hearing, Parole appeal.

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

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

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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> SUP	
Provider rate (excl. GST)	\$ _____		\$ _____	
<b>Fixed Fee Plus Activities<sup>1</sup></b>				

<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 Parole Board files		
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)

**Interim fee**

If you are claiming an interim fee, please explain the work undertaken to substantially progress the case.

**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.
- If claiming hearing time, I have records of all hearing time covered by this claim.

**Signature of lead provider**

**Date**

day month year