



Legal Aid

07/19 form 31
Tax Invoice
Family Legal Aid
Fixed Fees
Oranga Tamariki

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

To: Legal Aid,
Customer
Lead provider
Law firm
DX Box Number
City
Provider number
Firm number

Details of claim

Fixed Fee: Date fixed fee(s) completed
Fixed Fee Plus: Covers period from to

Interim invoice
Final invoice

Table with 4 columns: Activity description, Number of fixed fees, Fixed fee (excl. GST), Total fixed fees (excl. GST). Rows include Termination of Instructions, Declaration(s)/Application(s)/Order(s), Interlocutory, and Pre-Hearing Matters.

Summary table with 2 columns: Description, Amount (\$). Rows: Total fixed fees (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

Defended Hearing(s)		
Complying with Judge's directions		
Defended hearing(s) – preparation		
Defended hearing(s) – hearing time		
Review of judgment		
Instructing agent		
Additional factors		
Review of Case/Plan		
Review(s) of Case Plan – preparation		
Review(s) of Case Plan – hearing time		
Instructing agent		
Additional factors – post-defended hearing		
Family Group Conference		
Family Group Conference ¹		

Interim Grant		
Determine merits/prospects of success		
Pre-Proceedings Settlements		
Negotiation of Settlement ²		

¹ This fee can only be claimed if prior approval has been given to prepare for and attend Family Group Conference.

² This fee can only be claimed where the matter is resolved at this stage and cannot be claimed in conjunction with any other activity.

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

³Activities where prior approval has been sought and granted.

Disbursements (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Court-directed bundles – in-house		
Court-directed bundles – third party		
DNA testing aided person		
Document and process server		
Drug testing – Judge directed		
Interpreters		
Office disbursement		
Report – Medical		
Title Search		
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)		

Progress/Result

Please provide an update on the current status of the proceedings.

continue on a separate sheet if necessary ...

Proceeds of Proceedings

Please provide details of any proceeds of proceedings, including costs.

Costs	Cash	Assets	Other	Amount/Values	Details/Description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="text"/>

Lead provider

I confirm that:

- If claiming hearing time, I have records of all hearing time covered by this claim.
- This claim is based on the tasks undertaken for the relevant activity/activities and disbursements actually and reasonably incurred
- 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.

Signature of lead provider

Date

day month year