



**Legal Aid**

07/19 form **4**

# Tax Invoice

## Criminal Legal Aid

### Non-Fixed Fee

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

To: **Legal Aid,** \_\_\_\_\_  
 \_\_\_\_\_ DX Box Number \_\_\_\_\_ City \_\_\_\_\_

Customer \_\_\_\_\_

Lead Provider \_\_\_\_\_ Law firm \_\_\_\_\_

Court type  District Court  High Court  Court of Appeal  Supreme Court Court location \_\_\_\_\_

**Description of proceedings**

Administration  Case Review  Case management memorandum  Committal  
 Pre-trial applications  Judge Alone/Defended Hearing  Jury trial  Sentencing  
 Guilty Plea  Bail (unopposed)  Bail (opposed)  Bail (electronic)  
 Appeal – sentence/conviction  
 Other (specify) \_\_\_\_\_

**Details of claim**

Provider approval level  1  2  3  4

Covers period from: \_\_\_\_\_ to \_\_\_\_\_  Interim invoice  Final invoice

Date	Activities	Provider name or number	Level of experience	Provider rate (excl. GST)	Lead Provider		Listed Provider B						
							1	2	3	SUP	A	B	
					Hours	Total fees	Hours	Total fees	Hours	Total fees	Hours	Total fees	
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
				\$									
					<b>Total fees (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:

**Disbursements** (attach receipts/invoices, where applicable)

	Units	Total (GST excl.)
Interpreters preparation		
Interpreters in court not Judge directed		
Non-lawyer – Law clerk, non-qualified paralegal/legal exec.		
Non-lawyer – Qualified legal exec.		
Office disbursement		
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 – Lead Provider		
Travel – Time – necessary – Listed Provider B		

**Prior-approval disbursements** (attach receipts/invoices, where applicable)


**Work completed**

If this is a final invoice, please state work completed and the results of the proceedings. If this is an interim invoice, please state work completed for the part of the proceedings being claimed.

**Lead provider**

**I confirm that:**

- This claim is based on the hours 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 for whom a claim is made, performed his or her work under my supervision and I am responsible for it.

**Signature of lead provider**

**Date**

day month year

**Is an 'Amendment to Grant' submitted with this invoice?**

 No Yes