



Legal Aid

07/16 form 4 Tax Invoice Criminal Legal Aid

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

To: **Legal Aid**, _____
 _____ DX Box Number _____ City _____
 Name of aided person _____
 Name of lead provider _____ Name of law firm _____
 Court type District Court High Court Court of Appeal Supreme Court Court location _____

Description of proceedings

<input type="checkbox"/> Administration	<input type="checkbox"/> Case Review	<input type="checkbox"/> Case management memorandum	<input type="checkbox"/> Committal
<input type="checkbox"/> Pre-trial applications	<input type="checkbox"/> Judge Alone/Defended Hearing	<input type="checkbox"/> Jury trial	<input type="checkbox"/> Sentencing
<input type="checkbox"/> Guilty Plea	<input type="checkbox"/> Bail (unopposed)	<input type="checkbox"/> Bail (opposed)	<input type="checkbox"/> Bail (electronic)
<input type="checkbox"/> Appeal – sentence/conviction			
<input type="checkbox"/> Other (specify) _____			

Details of claim

Provider approval level 1 2 3 4
 Covers period from: _____ to _____ Final invoice Interim invoice

Please note: you must fill in the 'Exceeds guideline hours' and 'Reasons' sections over the page if you are claiming for hours in addition to the steps, and you have not already submitted a Form 2 amendment.

Provider name or number _____
 Level of experience _____
 Provider rate (excl. GST) \$ _____

Lead Provider

Listed Provider B

1	2	3	A	B

1	2	3	SUP	A	B

Step No.	Date	Activities	Lead Provider		Listed Provider B	
			Hours	Total Fee	Hours	Total Fee

Other (specify) _____

Total fees (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

Disbursements (specify using GST excl. amount and attach receipts/invoices, where applicable)

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		
Report – Medical		
Report – Restorative justice		
Translators		
Travel – Personal car – necessary (@ specified rate per km)		
Travel – Plane, train, bus, taxi and parking – necessary		
Travel – Rental car – necessary		
Travel – Time – necessary – Lead Provider		
Travel – Time – necessary – Listed Provider B		
Witnesses and expert witnesses – allowances		

Prior-approval disbursements (specify using GST excl. amount and attach invoice/receipts, where applicable)

Witnesses and expert witnesses – travel		

Exceeds guideline hours

Fill in this section if you are claiming for hours in addition to the steps.

This section only applies to grants approved on or after 1 March 2007

Have any of the matters for which you have exceeded the guideline hours or the pre-approved hours, been disposed of by a court, tribunal or any other means?

No

Yes

Date of final disposition

Please outline reasons for delay in submitting this amendment (refer to section 28 of the Legal Services Act 2011)

continue on a separate sheet if necessary ...

Reasons

Give reasons for exceeding guideline hours or pre-approved hours for each activity to support an amendment to the grant. This information will be considered as an application to amend the grant. If insufficient detail is provided a Form 2 amendment application may be required.

Step No.	Activities	Reasons

continue on a separate sheet if necessary ...

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