



MINISTRY OF  
JUSTICE  
*Tahua o te Ture*

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1	2	3	SUP	A	B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Step No. Date Activities

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.

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**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**

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**Date**

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day month year

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

No

☐

Yes