Legal Services Agency
Pokapū Ratonga Ture

07/09 form **4**

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

Tax Invoice
Criminal Legal Aid

To: Legal Services Agency, _____
PO Box/DX City

Name of aided person _____

Name of lead provider _____ Name of law firm _____

Proceedings category ☐ 1 ☐ 2 ☐ 3 ☐ 4 Court location _____

Court type ☐ High Court ☐ District Court ☐ Court of Appeal ☐ Supreme Court

Description of proceedings

☐ Status hearing	☐ Guilty plea (indictable)	☐ Change of plea (electable)	☐ Bail (onus on defence)
☐ Defended hearing	☐ Committal	☐ Sentencing	☐ Bail (onus on prosecution)
☐ (Summary) Change of plea to guilty	☐ Jury trial	☐ Appeal - sentence/conviction	☐ Bail (electronic)
☐ Charges withdrawn	☐ Interlocutory matter		

☐ Other (specify): _____

Details of claim

☐ Final invoice ☐ Interim invoice

	Lead Provider		Listed Provider B	
Provider name or number				
Level of experience	☐ 1 ☐ 2 ☐ 3		☐ 1 ☐ 2 ☐ 3	
GHR (incl. GST)	$		$	
	Hours	Total Fee	Hours	Total Fee
Preparation time (detail over)		$		$
Hearing time (detail over)		$		$
Travel time		$		$
Other (specify):		$		$
Total hours & fees (incl.GST)*		**$**		**$**

Disbursements

Mileage	kms @ $0.73 per kilometre	$
		$
		$
		$
	Total disbursements (incl. GST)*	**$**
	Grand Total (incl. GST)*	**$**

*If you are not registered for GST, you will be paid the GST exclusive amount

LSA office use only

☐ **Approve** ☐ **Defer** ☐ **Further information** ☐ **Decline**

Comments

Name

Signature

Date
day month year

Preparation

Date (covers period from : to)	Hours	Description of proceedings (eg status hearing, defended hearing)
Total		

Hearing time

Date	Hours	Details of hearing
Total		

Notes:

If the claim exceeds the standard maximum rate or total funding approved, please complete and attach an 'Amendment to Grant' form.

Lead Provider

I confirm that:

☐ No other payment, remuneration or benefit has been or will be received in respect of this work (unless authorised by the Agency).

☐ Any non-lawyer or secondary provider for whom a claim is made, performed his or her work under my direct supervision and I am responsible for it.

Signature of lead provider

Date

day month year