

Legal Aid

07/11 form **20**

Legal aid file No.	
Invoice date	
Invoice number	
GST number	

Use this form to claim for any civil matter other than Family and Waitangi proceedings.

Tax Invoice GST number GST number Civil Legal Aid Lead provider's ref.

To: Leg	al Aid,							
	f aided person		DX Bo	ox number	City			
	f lead provider							
	f law firm							
ivame o	i iaw iiriii							
D	etails of claim							
Forum o	ategory	1 2 3 4						
Type of invoice of	proceedings this covers:							
				Fina	l invoice	Interim invoice		
				Le	ead Provider	Lis	ted Provider B	
		Provid	Provider name or number		1 2 3 A B		1 2 3 SUP A B	
			Level of experience					
		Prov	Provider rate (excl. GST)			\$		
Step	Date	Activities		Hours	Total fee	Hours	Total fee	
					\$		\$	
				5	\$		\$	
				5	\$		\$	
				5	\$		\$	
				5	\$		\$	
				(\$		\$	
Other (s	specify)							
					\$		\$	
				(\$		\$	
Claim b	y type of proceedii	ng (excl. GST)			Total fees (ex	cl. GST)	\$	
(If this c	laim relates to multip	ole proceedings you must n that relates to each)		Disbursem	nents (specify)			
	,	\$					\$	
		\$					\$	
		\$					\$	
		'		Total	I disbursements (exc	l. GST)*	\$	
					*To	tal GST	\$	
If you are	not registered for GST, you	will be paid the GST exclusive amount			Total amount (inc	l. GST)	\$	
LA	office use only							
Apı	prove Defer	Further information	Refuse					
			Comme	nts				
Name								
Signatu	re	Date						
Juliana								
		day month	year					

Work completed

If this is a final invoice, attach a copy of the order, agreement or judgment etc.

Proceeds of proceedings

Lead provider's confirmation

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

	continue on a separate sheet if necessary					
Please provide details of any proceeds of procee	dings					
Ocale Ocale Assats Ollege Assault/cales	Date to the second of the second					
Costs Cash Assets Other Amount/values	Details/description					
\$						
\$						
I confirm that:						
This claim is based on the hours and disburs	sements actually and reasonably incurred.					
No other payment remuneration or benefit h	nas been or will be received in respect of this work					
(unless authorised by Legal Aid).	2001 01 1111 20 10001104 111 100p001 01 1110 11011					
	thom a claim is made, performed his or her work under					
Any non-lawyer or supervised provider for whom a claim is made, performed his or her work under my direct supervision and I am responsible for it.						
, and a daportion and rain responsible i	· · · · ·					
Signature of lead provider						
	day month year					
Is an 'Amendment to Grant' submitted with this i	nyoice?					

Yes

No