

# NON-PDS LAWYERS ONLY

**SCAN THIS FORM AND EMAIL IN PDF FORMAT TO  
LEGAL AID: [paymentsDL@justice.govt.nz](mailto:paymentsDL@justice.govt.nz)**

**GST Duty Lawyer Attendance Sheet and Tax Invoice**  
for attendance in the District Court at: \_\_\_\_\_

on (date): \_\_\_\_\_

**PLEASE ENSURE YOU COMPLETE THIS FORM FULLY AND PRINT CLEARLY.  
INCOMPLETE INFORMATION OR INFORMATION THAT CANNOT BE READ WILL NOT BE PROCESSED AND PAYMENT WILL NOT BE MADE**

COMPULSORY										COMPULSORY			
Name	GST number	HOURS WORKED <small>Please record start and finish time as actual. Please record total hours in quarter hour increments.</small>				TRAVEL			PDS COURTS ONLY	Supervisor code	Duty Lawyer Signature	LEGAL AID OFFICE USE ONLY	
		Start time	Finish time	Private work / lunch	Total duty hours worked	Total hours travel time*	Mileage total kilometers*	Car type*				Total cost GST inclusive	Session Number
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Duty Lawyer Supervisor (PDS only) or Deputy Registrar: Please sign to confirm the attendance recorded is an accurate reflection for the relevant Court day.

**POSITION:** PDS DUTY LAWYER SUPERVISOR OR COURT REGISTRAR (DELETE ONE)

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**\*Travel Details (non-PDS lawyers only)**

Rates: Travel and mileage rates are paid at the rate outlined in the Duty Lawyer Operational Policy.  
In order to complete the invoice at the Court, Legal Aid will accept Duty Lawyers either doubling the travel time and mileage to get to Court or using Googlemaps to calculate the return travel time and mileage.  
Please provide the corresponding letter for car type: Petrol (P), Electric (E), Hybrid (H).

*Legal Aid office use only*

Entered by: \_\_\_\_\_

Date processed: \_\_\_\_\_

PDS LAWYERS USE REVERSE SIDE

# PDS LAWYERS ONLY

SCAN THIS FORM AND EMAIL IN PDF FORMAT TO BOTH  
 ICLS: [duty.lawyer@justice.govt.nz](mailto:duty.lawyer@justice.govt.nz)  
 paymentsDL@justice.govt.nz

**PDS Duty Lawyer Attendance Sheet**  
 for attendance in the District Court at: \_\_\_\_\_

on (date): \_\_\_\_\_

*PLEASE ENSURE YOU COMPLETE THIS FORM FULLY AND PRINT CLEARLY.*

Name	HOURS WORKED				Supervisor initials	Duty Lawyer Signature	Supervisor code
	Start time	Finish time	Non-duty work/lunch	Total duty hours worked			

Duty Lawyer Supervisor (PDS only) or Deputy Registrar: Please sign to confirm the attendance recorded is an accurate reflection for the relevant Court day. \_\_\_\_\_

**POSITION:** PDS DUTY LAWYER SUPERVISOR OR COURT REGISTRAR (DELETE ONE)      **NAME:** \_\_\_\_\_      **SIGNATURE:** \_\_\_\_\_