

Amendment to Grant

Use this form when the aid required exceeds guideline hours or approval of a disbursement for non fixed fee cases is required.

Legal aid file No.

Lead provider's matter/file No.

CRNs:

Name of aided person _____
 Name of lead provider _____
 Name of law firm _____
 Provider approval level 1 2 3 4 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) _____			

Funding sought

Please note: you must fill in the 'Status of Case' and 'Reasons' sections over the page if you require hours in addition to the steps or prior approval disbursements.

Provider name or number	Lead Provider					Listed Provider B					
	1	2	3	A	B	1	2	3	SUP	A	B
Level of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider rate (excl. GST)	\$ <input type="text"/>					\$ <input type="text"/>					
Step No.	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

Prior-approval Disbursements (specify using GST excl. amounts)

Note: If requesting approval for an expert or expert witness, ensure a completed **Form 50 – Expert request** is attached to this amendment.

Photocopying (specify number of pages)		
Report – Forensic		
Report – Psychiatric/Psychologist		
Travel – Accommodation and meals		
Travel – Personal car – necessary – @ \$ per km (as per policy)		
Travel – Plane, bus, train, taxi, parking		
Travel – Time – Lead Provider		
Travel – Time – Listed Provider B		
Witness – Expert		

Status of case	<p>Have any of the matters for which aid is sought been disposed of by a court, tribunal or any other means?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes →</p> <p style="margin-left: 40px;">Date of final disposition <input style="width: 150px; height: 20px;" type="text"/></p> <p style="margin-left: 40px;">Please outline reasons for delay in submitting this amendment (refer to section 28 of the Legal Services Act 2011)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Reasons	Give reasons to support an amendment to grant for exceeding guideline hours or pre-approved hours for each activity or funding for prior-approval disbursements.	
Step No.	Activities/Disbursements	Reasons

Lead provider	<p>I confirm that:</p> <ul style="list-style-type: none"> • I have informed the aided person of this amendment to the grant and explained why it is necessary. • I have explained to the aided person that this amendment may increase their repayments (if any). • I have informed Legal Aid of any changes to the address, or any increase in the income or disposable capital of the aided person. <p>Signature of lead provider <input style="width: 400px; height: 30px;" type="text"/></p> <p>Date <input style="width: 100px; height: 30px;" type="text"/> day month year</p>
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