

Amendment to Grant Criminal Legal Aid

Fixed Fees/Fixed Fees Plus Cases

Legal aid file no.

Lead provider's matter/file no.

Charges/CRNs

Name of aided person _____

Name of lead provider _____

Name of law firm _____

Applicable fee schedule A-C D E F G H-I J Court location _____

Amendment sought in relation to Fixed fees/Fixed fees plus cases (start at A below)
 Estimate* (start at C below) Disbursement requiring prior approval (start at B below)

*An estimate is required for Schedule F trial preparation, Schedule I preparation for appeal hearing and Schedule J parole appeal preparation.

Amendment criteria

A. If this amendment request relates to activities covered by a **fixed fee**, please tick the criteria that best describe the reason(s) for this amendment to the grant.

Case specific (tick all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Volume/nature of disclosure | <input type="checkbox"/> More than five charges being defended/Judge alone trial | <input type="checkbox"/> Five or more witnesses | <input type="checkbox"/> Co-defendants/accused |
| <input type="checkbox"/> Significant new points of law to be researched | <input type="checkbox"/> Three or more prosecution interviews with defendant/witness | <input type="checkbox"/> Defended hearing set down for more than one day | <input type="checkbox"/> Trial/Jury Trial set down for more than three days |

Client specific

- | | | |
|---|--|--|
| <input type="checkbox"/> Vulnerable defendant/complainant | <input type="checkbox"/> Defendant subject to treatment order(s) | <input type="checkbox"/> Significant communication barriers throughout preparation |
|---|--|--|

Schedules G-J only

- Cost of completing activities exceeds relevant fixed fee by more than 25%

Other:

- Any other special circumstances (provide more detail under B)

Reasons

B. Please detail the reasons to support this amendment (with reference to your selection(s) above if applicable).

Fixed fee activity or disbursement to which this request relates	Reason

C. Where an estimate is required, briefly describe the work to be completed (include reference to which activity the estimate relates to).

Funding sought

Activities	Lead Provider		Listed Provider B	
	Provider name or number		Provider name or number	
	Level of experience		Level of experience	
	<div style="display: flex; justify-content: space-around;"> 123 </div> <div style="display: flex; justify-content: space-around;"> <input type="text"/><input type="text"/><input type="text"/> </div>		<div style="display: flex; justify-content: space-around;"> 123 </div> <div style="display: flex; justify-content: space-around;"> <input type="text"/><input type="text"/><input type="text"/> </div>	
	Provider rate (excl. GST) \$ <input style="width: 100px;" type="text"/>		Provider rate (excl. GST) \$ <input style="width: 100px;" type="text"/>	
	Hours	Total Fee	Hours	Total Fee

Prior-approval Disbursements (specify using GST excl. amount)
*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 – @ \$ per km (as per policy)		
Travel – Plane, bus, train, taxi, parking		
Travel Time – Lead Provider		
Travel Time – Listed Provider B		
Witness – Expert		

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 exclusive amount.

Status of case

Have any of the matters for which additional funding is sought 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)

Lead provider

I confirm that:

- 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.
- I will not claim a fixed fee for any activities that are approved in this amendment.

Signature of lead provider

Date

day month year