

# Amendment to Grant

## Family Legal Aid

### Fixed Fee/Fixed Fee Plus

Name of aided person \_\_\_\_\_

Name of lead provider \_\_\_\_\_

Name of law firm \_\_\_\_\_

Applicable fee schedule(s) \_\_\_\_\_

- Amendment sought:
- To replace fixed fee (*start at A below*)
  - For additional work required when fixed fee has already been claimed (*start at A below*)
  - For disbursement requiring prior approval (*start at B below*)
  - For activities that require an estimate by amendment request<sup>1</sup> (*start at C below*)

<sup>1</sup> An estimate is required for specific activities within the Adoption, Children & Young Persons, Care of Children/Guardianship, Maintenance, Paternity and Relationship Property fixed fee schedules.

**Amendment criteria**

A. Please tick the criteria that best describe the reason(s) for this amendment to the grant and continue at B below.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alienation/deprivation factors               | <input type="checkbox"/> Allegations/instances of sexual/substance/physical abuse | <input type="checkbox"/> Multiple parties (3 or more)                                       |
| <input type="checkbox"/> Multiple children in different circumstances | <input type="checkbox"/> Multiple witnesses (excluding Applicant and Respondent)  | <input type="checkbox"/> Other special circumstances ( <i>provide more detail under B</i> ) |

**Reasons**

B. Please detail reasons to support this amendment request. If the request is to replace a fixed fee, please expand on your selection(s) in A above and advise why the fixed fee is inadequate.

Fixed fee activity or disbursement to which this request relates	Reasons

C. Where an estimate is required, briefly describe the work to be completed. Please include details such as the issue in dispute that requires a court hearing, the other party's position, the length of the allocated fixture, and any other relevant considerations.

Fixed fee schedule and activity	Work to be completed

**Funding sought**

	<b>Lead Provider</b>		<b>Listed Provider B</b>	
	Provider name or number _____		Provider name or number _____	
	Level of experience 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Level of experience 1 2 3 SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ <input type="text"/>		\$ <input type="text"/>	
<b>Activities</b>	<b>Hours</b>	<b>Total fees</b>	<b>Hours</b>	<b>Total fees</b>

**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.*

DNA testing other party		
Drug testing		
Photocopying (specify number of pages)		
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		

<b>Total fees</b> (excl. GST)*	\$
<b>Total disbursements</b> (excl. GST)*	\$
<b>Total GST*</b>	\$
<b>Total amount</b> (incl. GST)*	\$

\*If you are not registered for GST, you will be paid the GST excl. 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 identify the matter(s) and outline reasons for delay in submitting the amendment (refer to section 28 of the Legal Services Act 2011).

**Grounds**

Please comment with reasons on the aided person's grounds for continuing these proceedings.

**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 activity that are approved in this amendment.

**Signature of lead provider**

**Date**

day    month    year