

Amendment to Grant ACC 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 disbursement requiring prior approval (*start at B below*)

Amendment criteria

A. 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"/> Difficult diagnoses requiring multiple specialists | <input type="checkbox"/> Severity of injury/injuries | <input type="checkbox"/> Allegations/instances of sexual abuse |
| <input type="checkbox"/> Exceptionally complex and lengthy factual issues | <input type="checkbox"/> Unusual and/or novel legal issues | <input type="checkbox"/> Complex or uncertain technical, medical or medico-legal issues |

Client specific:

- | | | |
|--|--|---|
| <input type="checkbox"/> Legally aided person has mental illness/intellectual disability | <input type="checkbox"/> English as a second language requiring an interpreter/translator or other barriers to communication | <input type="checkbox"/> The severity of injury/injuries has resulted in permanent impairment |
|--|--|---|

Other:

- Other special circumstances (*provide more detail under B*)

Reasons

B. Please detail reasons to support that there are other special circumstances that apply to this amendment request.

Funding sought

Activities	Provider name or number	Lead Provider		Listed Provider B	
		Hours	Total fees	Hours	Total fees
	Level of experience	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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"/>	

Prior-approved 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 – Second medical		
Report – Other specialist		
Travel – Accommodation and meals		
Travel – Personal car – @ \$ per km (as per policy)		
Travel – Rental car		
Travel – Plane, bus, train, taxi, parking		
Travel Time – Lead Provider		
Travel Time – Listed Provider B		

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 identify the matter(s) and 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