

Amendment to Grant

Civil Legal Aid Fixed Fee/Fixed Fee Plus Employment (Employment Relations Authority)

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*)

Amendment criteria

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

- Unusual and/or novel legal issues Exceptionally complex and lengthy factual issues
- Other special circumstances
(*provide more detail under B*)

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

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

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 – Plane, train, bus, taxi and parking		
Travel – Rental car		
Travel – Time – Lead Provider		
Travel Time – Listed Provider B		
Witnesses and expert witnesses – allowances		

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

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