



Family Legal Aid Amendment to Grant

Legal aid file No.

Lead provider's matter/file No.

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

Name of aided person _____

Name of lead provider _____

Name of law firm _____

Forum category 1 2 3 4

Funding sought

Type of proceedings this amendment covers: _____

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. 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 – necessary - @\$ per km (as per policy)		
Travel – Plane, bus, train, taxi, parking		
Travel – Time – Lead Provider		
Travel – Time – Listed Provider B		

Status of case

This section only applies to grants approved on or after 1 March 2007

Have any of the matters for which aid 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)

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

Grounds

Please comment and note 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 income or disposable capital of the aided person.

Signature of lead provider

Date

day month year