

When to use this form

Approved lead providers should use this form to apply for an increase in their litigation experience level.

Please note that any changes to your litigation experience level will apply from the date of approval by the Ministry of Justice.

The Ministry of Justice reserves the right to correct and re-classify your litigation experience level.

Please refer to the Litigation Experience Level Guidelines in the online Provider Manual available on the Ministry of Justice website www.justice.govt.nz

SECTION 1

Applicant details

Title Mr Mrs Ms Miss Dr Other _____

Surname _____

First name/s _____

Preferred first name _____

Name of practice or name as sole provider _____

Address _____

Email _____

Provider number _____

Existing approvals _____

Current litigation experience level:

Level 1

Level 2

SECTION 2

Admission details and employment history

a) Admission

Date of admission as a Barrister and Solicitor in New Zealand _____

Date your first practising certificate was issued / /

Date of admission if first admitted in an overseas jurisdiction _____

Country of admission _____

Total years of practice in New Zealand
(cumulative i.e. not necessarily uninterrupted) _____

Total years of practice overseas
(cumulative i.e. not necessarily uninterrupted) _____

b) Relevant legal employment history

(Start with the most recent and work back)

Start date / End date /

Position held / role description _____

Employer _____

Were you representing clients as a Barrister or Solicitor? Yes No Did you hold a practising certificate? Yes No

Start date / End date /

Position held / role description _____

Employer _____

Were you representing clients as a Barrister or Solicitor? Yes No Did you hold a practising certificate? Yes No

Start date / End date /

Position held / role description _____

Employer _____

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Start date / End date /

Position held / role description _____

Employer _____

Were you representing clients as a Barrister or Solicitor? Yes No Did you hold a practising certificate? Yes No

Start date / End date /

Position held / role description _____

Employer _____

Were you representing clients as a Barrister or Solicitor? Yes No Did you hold a practising certificate? Yes No

Signature _____

Date / /

When you have completed this application form please email to:
legalaidthelper@justice.govt.nz

or post to:

**Provider and Community Services
Ministry of Justice
Level 6, The Vogel Centre,
19 Aitken Street, Wellington 6011**

or **SX10125, Wellington**