

When to use this form

Approved providers should use this form to notify the Ministry of Justice of any change in their contact details (for example, joining a new firm or changing to Barrister sole).

If you are moving to a new firm/chambers, you will need to complete the service delivery systems section and provide a copy of your new practising certificate recording your new status.

If you are a supervised provider, you will also need to complete the Part 4 Supervision Arrangements form.

Please ensure that you advise the Ministry of Justice at least 10 days before the change/s are to take effect. Failure to advise may impact on your provision of legal services.

You may also need to advise the Ministry of Justice of any changes to the payment of invoices if you have joined a firm that is not already listed with the Ministry of Justice or if you are becoming a Barrister sole.

SECTION 1

Your details

Title Mr Mrs Ms Miss Dr Other _____

Surname _____

First name/s _____

Preferred first name _____

Name of law practice or name as sole provider _____

Provider number _____

Existing approvals _____

SECTION 2

New contact details

Date when change takes effect _____

Name of law practice or name as sole provider _____

Business email _____

Alternate email _____

Street address _____

Postcode _____

PO Box number _____

DX address _____

Telephone number _____ Mobile number _____

Fax number _____

b) Support personnel

Which, if any, of the following do you employ?

- Administration support (eg secretary/receptionist/PA)
- Practice/office manager
- Law clerks/paralegal/legal executive
- Nominated alternate to cover extended absences or scheduling

c) Client contact

Which, if any, of the following do you have to manage communications?

- Office phone Answer phone Mobile phone
- Fax
- Email
- Research facilities (eg Brookers, Lexis Nexis)
- Electronic diary or manual diary for checking scheduling conflicts

d) Invoicing and record keeping

Is your time recording system: Electronic Manual

Describe:

Is your accounting system: Electronic Manual

Describe:

SECTION 4

New Supervision Arrangements

If you are a supervised provider, you will also need to complete the Part 4 Supervision Arrangements form and obtain an undertaking/s from your new employer or new lead provider/s.

SECTION 5

Acknowledgement and consent

I acknowledge and declare that the information I have provided in this form is accurate and complete.

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
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When you have completed this application form please email to:

legalaidprovider@justice.govt.nz

or post to:

Provider and Community Services

Ministry of Justice

Level 6, Justice Centre,

19 Aitken Street, Wellington 6011

or **SX10125, Wellington**