Te Rau o te Tika
Justice System Kaupapa Inquiry
CLAIMANT FUNDING FORM

MINISTRY OF JUSTICE
Tāhū o te Ture

When to use this form

Fill in this form to request the reimbursement of costs incurred from attending a Justice System Kaupapa Inquiry event set down by Te Rōpū Whakamana i te Tiriti o Waitangi - the Waitangi Tribunal.

This form is to be completed by a claimant to request reimbursement of costs:

- incurred themselves, or
- incurred by a claimant witnesses or support persons.

Groups or individuals with interested party status are not eligible to request the reimbursement of costs incurred from attending a Kaupapa Inquiry event.

If you need more help filling in this form, please call **0800 COURTS** or visit **www.justice.govt.nz**

Completing this form

- One form is to be completed per claimant or third-party.
- If you're filling in this form on paper (not online), please write clearly in CAPITALS and use a black or blue pen.
- Answer every question on the form unless the instructions tell you otherwise.
- You'll find a blank page at the back of this form if you need more space to fill in your answers.
- A fully complete form, documentation and evidence is required before the claim will be assessed and processed for payment.
- Please supply copies of any evidence as originals will not be returned.

Key words

Below are explanations of any key words we use in this application.

Kaupapa Inquiry

A thematic inquiry dealing with nationally significant issues affecting Māori.

Heard at the Waitangi Tribunal.

Kaupapa Inquiry details

Fill in the details of the Kaupapa Inquiry event attended:

Kaupapa inquiry Wai number _____ Kaupapa inquiry Wai number not the party's personal Wai number

Lawyer representing the claim _____ First _____ Surname

Law firm representing the claim _____ Name of Law firm

Kaupapa Inquiry event attended _____ Eg Judicial conference, hearing day or closing day

Date event was held DD / MM / YYYY

Claimant details

Fill in the details of the claimant completing this form:

Claimant Wai Number Party's personal claim Wai number

Full name First Middle Surname

Previously known as Any former legal name or maiden name

Address No. Street Suburb

City State (if outside NZ)

Country Post code

Phone Cell Home

Email example@example.com

Third-party details

Fill in the details of the claimant witnesses or support person this claim is being made for:

Leave this section blank if the costs being claimed are for the claimant completing the form.

Full name First Middle Surname

Previously known as Any former legal name or maiden name

Address No. Street Suburb

City State (if outside NZ)

Country Post code

Phone Cell Home

Email example@example.com

Representative's name Enter if the third party has a representative

Payment details

Fill in the details of the payee receiving payment:

Has the payee received payment from the Ministry for a previous Kaupapa Inquiry cost claim?

☐ Yes ☐ No

If the payee is GST registered please complete Appendix A: GST Registered New Creditor Form, alternatively continue with this section.

Payee name _____

Bank name _____

Bank account number for reimbursement:

Attach supporting documents

Including bank account verification and evidence of specified costs being claimed

Bank account verification must include bank logo, account name and account number

Privacy statement

We collect personal information from you; including your name, contact and billing or purchase details. We collect this, so we have all the information we need to process your application.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at **0800 COURTS.**

Costs being claimed

Fill in one row per invoice or cost type with the details of the costs being claimed for reimbursement.

Please see the Justice System Kaupapa Inquiry Claimant Factsheet for further information on the costs that can be claimed, the evidence required, and who can claim these costs.

Cost type	Date cost incurred	Additional information	Amount claimed *Incl GST ($)*
Travel – Mileage	*18/07/2022*	*15 Km Milage (15*0.83=12.45)*	*$ 12.45*
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Total:	**$**

When completing the table above the possible cost type and additional information required may include:

- Accommodation - *let us know the type of accommodation and number of nights spent*
- Meals - *let us know if breakfast, lunch, or dinner*
- Personal vehicle mileage - *let us know the amount of Km travelled for mileage and the total cost (using the following calculation, Km travelled * 0.83 = total cost)*
- Transport - *let us know if airfare, bus, car rental, ferry, parking, taxis (excluding ride share apps) or train costs*

If another cost not outlined above is being claimed please contact ClaimantFunding@justice.govt.nz

Do a quick check

Before sending in this form – check:

☐ Have you given us all details required in this form?

Have you attached copies of any documents and supporting evidence?

Sign and date this form

Signature

Date

This claim form must be signed by the claimant, the claimant counsel or consultancy firm. In signing this claim form, you are certifying that the information is a true and correct record.

Send in this form

You can fill in this form online and email it to **ClaimantFunding@justice.govt.nz**, or post to:

Te Tāhū o te Ture – Ministry of Justice
Central Registry
DX SX 10042
Wellington
New Zealand

Additional information for costs being claimed

If needed use this additional space to fill in further information relating to the costs being claimed

Appendix A: GST Registered New Creditor Form

Fill in the details of the payee this claim is being made for if the payee is GST registered:

Leave this section blank if the payee is not GST registered.

Contact details

Full name First Middle Surname

Previously known as Any former legal name or maiden name

Type ☐ Individual / Sole Trader ☐ Trust ☐ Registered Company ☐ Other

GST Number

NZBN

If Registered Company this information at the following site www.nzbn.govt.nz

Address No. Street Suburb

City State (if outside NZ)

Country Post code

Phone Cell Home

Email example@example.com

Payment details

Please attach a copy of bank deposit slip or similar proof of bank account including Bank logo, account name and account number.

Payee name

Bank name

Bank account number for reimbursement: