

# Amendment to Grant Criminal Legal Aid

Legal aid file no.

Lead provider's ref.

Customer \_\_\_\_\_ Provider \_\_\_\_\_

Court \_\_\_\_\_

**Amendment sought**

Replace fixed fee       High Cost Case       Additional work when fixed fee has been claimed

Disbursements       Estimate

**Applicable fee schedule**       A-C     D-F     G     H & I     J

Please tick the following criteria that is specific to your case.

**Fixed fee criteria**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Volume/nature of disclosure                    | <input type="checkbox"/> More than five charges being defended/Judge-alone trial     | <input type="checkbox"/> Five or more witnesses  | <input type="checkbox"/> Co-defendants/accused                                       |
| <input type="checkbox"/> Significant new points of law to be researched | <input type="checkbox"/> Three or more prosecution interviews with defendant/witness | <input type="checkbox"/> Judge-alone trial set for more than a full day (Schedule A-C) | <input type="checkbox"/> Jury trial set down for more than three days (Schedule D-F) |

**Customer specific**

- Vulnerable defendant/complainant       Defendant subject to treatment order(s)       Communication barriers

**Schedules G-J only**

Cost of completing activities exceeds relevant fixed fee by more than 25%

**Other**

Any other special circumstances

**Funding sought**

Activities	Lead Provider		Listed Provider B	
	Hours	Total fees	Hours	Total fees
Provider name or number	_____		_____	
Level of experience	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1 2 3 SUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Provider rate (excl. GST)	\$ _____		\$ _____	

Disbursements requiring prior-approval (attach receipts/invoices, where applicable)	Units	Total (excl. GST)
Printing disclosure (more than 5,000 pages)		
Report – Forensic		
Report – Psychiatric/Psychologist		
Travel – Accommodation and meals		
Travel – Personal car – @ \$ per km (as per policy)		
Travel – Plane, bus, train, taxi, parking		
Travel Time – Lead Provider		
Travel Time – Listed Provider B		
Witness – Expert		
	<b>Total fees (excl. GST)*</b>	
	<b>Total disbursements (excl. GST)*</b>	
	<b>Total GST*</b>	
	<b>Total amount (incl. GST)*</b>	

\*If you are not registered for GST, you will be paid the GST exclusive amount.

Explanation	
Please include if applicable: <ul style="list-style-type: none"> <li>• The key aspects of the case.</li> <li>• Why the requested hours are necessary.</li> <li>• A description of how the hours will be used.</li> <li>• If in replacement of a fixed fee, why the fixed fee is inadequate.</li> <li>• An update on the status of proceedings.</li> <li>• Why the disbursements are necessary.</li> </ul>	

## HIGH COST CASE MANAGEMENT ONLY

### Initial grant

Please explain how the 40 hours initial grant has been used.

Date	Description of Activity (all activities completed within the 40 hours initial grant)	Format of disclosure (transcript/DVD)	Volume (pages/length of audio/video)	Hours

### Case planning

#### Second counsel request

Please provide justification for any junior or co-counsel sought, specifying their identity, proposed role and level of involvement.

What is the next scheduled court event and when will it occur?

What is your estimate of trial/appeal length in hearing days?

What date has the matter been set down for trial/appeal?

Status of case

Has the matter 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. Please note that requests received **more than 15 working days** following disposal of the case cannot be considered (refer to section 28 of the Legal Services Act 2011)

Lead provider

I confirm that:

- I have informed the customer of this amendment to the grant and explained why it is necessary.
- I have explained to the customer 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 customer.
- I will not claim a fixed fee for any activities that are approved in this amendment.

Signature

Date