

Criminal and Waitangi exemplar client care letter

(Date)

Legal Aid Number: _____

CONFIDENTIAL – LEGALLY PRIVILEGED

Clients Name

Address

City (Client postal address)

(CITY)

Dear [Mr/Miss/Ms] (client surname)

Your case has been assigned to me by Legal Aid Services. I am the lawyer responsible for your file. Please contact me as soon as possible to arrange an appointment to discuss your case.

The details of your next court appearance are as follows:

Venue: (Court name)
Date: (Next hearing date)
Time: (insert)

Legal aid is governed by the Legal Services Act 2011 and the associated regulations. Legal Aid is administered through the Ministry of Justice by the Legal Services Commissioner. For more information about legal aid you can contact the Ministry of Justice (www.justice.govt.nz).

I will submit invoices in relation to your grant of aid to the Legal Services Commissioner and provide you with copies.

The Legal Services Commissioner will write to you about any conditions or repayment obligations that you may have in relation to the grant of legal aid and your rights as an applicant or recipient of legal aid. You should be aware at this time that legal aid is not always free.

If you are required to repay your legal aid grant, the Ministry of Justice will write to you to tell you how much you are required to pay. You may be required to make a lump sum payment from any proceeds from proceedings you receive. You should read these letters carefully and keep them for later reference.

You must let the Legal Services Commissioner know if there is any change in your and your partner's contact details, employment status, family circumstances or financial details.

I look forward to hearing from you shortly.

Yours faithfully

(Name of author)

Lawyer

Phone:

Email:

Civil and Family exemplar client care letter

(Date)

Legal Aid Number: _____

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(CITY)

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If you have to pay a user charge, this will be deducted from my first invoice to the Ministry of Justice and I will collect the money from you. The user charge is _____; this cannot be changed, and you can only be exempt if you are making a specified application for legal aid. I am not allowed to accept any other payments from you.

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Yours faithfully

(Name of author)

Lawyer

Phone:

Email: