

Amendment to Grant Criminal Legal Aid HIGH COST CASE

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

	Lead Provider		Listed Provider B															
	Hours	Total fees	Hours	Total fees														
Provider name or number	_____		_____															
Level of experience	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">SUP</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1	2	3	SUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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1	2	3	SUP															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Provider rate (excl. GST)	\$ _____		\$ _____															
Activities	Hours	Total fees	Hours	Total fees														

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