Legal Services Agency
Pokapū Ratonga Ture

3/07 form **11**

Legal aid file No.

Application for **Reconsideration**

(under section 29 of the Legal Services Act 2000)

Applicant details

Please PRINT clearly

1. **Name of aided person/applicant for legal aid**

2. **Mailing address**

postcode:

3. **Name of lawyer**

4. **Name of law firm**

Reconsideration

5. **What Agency decision(s) do you want reconsidered?** *Tick one or more*

- ☐ Refusal of legal aid
- ☐ Refusal of additional funding sought
- ☐ Lawyer assigned to case
- ☐ Legal aid grant amount
- ☐ Withdrawal of legal aid
- ☐ Lawyer's invoice
- ☐ Other *(specify)*:
- ☐ Income calculation
- ☐ Capital calculation
- ☐ Repayment/contribution
- ☐ Payment plan
- ☐ Charge over property/assets
- ☐ Repayment from proceeds of proceedings
- ☐ Write-off

You may like to attach a copy of the Agency decision

6. **When did the Agency make this decision?**

day month year

7. **Describe why you disagree with the decision and provide reasons to support your view**

continue on a separate sheet if necessary . . .

Documents

There is no need to resend documents

Attach any documents you have not sent to us previously

8. **List any documents that you think are relevant to this reconsideration**

1
2
3
4
5
6
7
8

Signature

Your name

Your signature

Date

day month year

Signed by

- ☐ Applicant for legal aid or aided person
- ☐ Provider on behalf of the applicant for legal aid or aided person

This application should be sent to the Agency office that made the decision.
You will find address details on the letter you received or refer to www.lsa.govt.nz

LSA office use only

Decision

☐ Upheld ☐ Overturned ☐ Modified ☐ Further information requested

Reasons:

☐ New information provided

☐ Other

Reconsideration/LAO review completed by:

Name

Signature

Date

day month year

Decision entered by:

Name

Signature

Date

day month year

Comments