

Legal Aid File No.

Lead Provider's Reference

Application for Legal Aid Mental Health Proceedings

Personal details of applicant

Please PRINT clearly

1. What title do you wish to be known by?

Mr Mrs Miss Ms Dr

2. What are your first names?

3. What is your surname or family name?

4. Are you: Male Female

5. What is your date of birth?

day	month	year

Address

6. What is your usual home address?

postcode: <input style="width: 100px;" type="text"/>

Ethnic group

Question 7 provides statistics for research and development. You do not have to answer if you do not want to.

7. Which ethnic group do you belong to? Tick one

NZ European or Pakeha
 Other European
 NZ Maori
 Cook Is. Maori
 Samoan
 Tongan
 Niuean
 Chinese
 Indian
 Other → Please specify: (such as Fijian, Korean)

Household

A partner is:
 • a wife or husband
 • a civil union partner
 • a de facto partner (someone with whom you have a relationship in the nature of marriage)

Also include children not living with you but who you support financially

8. Do you have a partner?

No Yes

9. Do you have any financially dependent children?

No Yes → How many children?
 → How many of these children live with you?

Financial details of applicant

10. Are you on a Work and Income benefit?

Yes → Tick one of the payment types below:
 Unemployment Benefit New Zealand Superannuation
 Domestic Purposes Benefit Independent Youth Benefit
 Sickness Benefit Widows Benefit
 Invalids Benefit War or Veterans Pension

No → What is your estimated gross annual income? (before tax and other deductions)

\$

11. What is your estimate for the following?

Total assets	Total loans and debts
\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>

Assets is the total market or resale value of any property, vehicles, etc, plus money and investments.

Loans and debts is any money you owe on property, vehicles, overdrafts, personal loans, credit cards etc, plus money you owe to government agencies or other people.

Lead provider

Name of lead provider

Name of law firm

Provider number

Level of experience 1 2 3

Forum Category 1 2

Telephone number

email

Legal matters

12. What is legal aid for?

- | | |
|---|--|
| <input type="checkbox"/> Section 16 review | <input type="checkbox"/> CTO hearing following S.16 review |
| <input type="checkbox"/> Second Section 16 review | <input type="checkbox"/> Application to Review Tribunal (S.79) |
| <input type="checkbox"/> Undefended CTO (S.14) | <input type="checkbox"/> Undefended CTO following S.16 review |
| <input type="checkbox"/> Defended CTO (S. 14) | <input type="checkbox"/> Appeal from Review Tribunal (S.83) |

13. Is this application for repeat instructions?

No Yes → Date of last review

day month year

14. What date were instructions received?

day month year

15. What is the date of this review hearing? (if known)

day month year

16. Has the proceeding been disposed of by a court, tribunal or any other means?

No

Yes → Date of final disposition

day month year

Give reasons for the delay in submitting this application

Refer to section 12 of the Legal Services Act 2000

Cost of services

17. Complete the table below for funding sought

Step	Hours sought	Discount for repeat instructions (if any)		Total hours sought	Total (GST incl)
	<i>hours</i>	<i>less</i>	<i>hours</i>	<i>hours</i>	\$
	<i>hours</i>	<i>less</i>	<i>hours</i>	<i>hours</i>	\$

Disbursements and travel

	\$
	\$

Maximum grant requested (GST incl)

18. Give reasons if funding sought is in excess of Agency standard rates

Lead provider's confirmation

The applicant or their representative has been advised about:

- The matters referred to in the applicant's "Acknowledgment, consent and confirmation" section of this application.
- My obligations to notify the Agency of any change to their address, or any increase in their income or assets (disposable capital).
- The fact they are deemed to have waived any legal professional privilege in the above circumstances.

Signature of lead provider

Date

day	month	year

LSA office use only

Approved

Maximum grant

Name

Signature

Date

day	month	year

Comments

Refused

Name

Signature

Date

day	month	year

Reasons & comments

Further information required

Name

Signature

Date

day	month	year

Comments
