

Legal Aid File No. ....  
Date .....  
Lead Provider's Ref. ....

## Waitangi Tribunal Proceedings

To: **Legal Services Agency**  
**PO Box 24-149 Manners St Wellington**  
**DX SP 20503 Boulcott St Wellington**

Name of aided person ..... Wai number .....  
Lead Provider .....  
Legal firm .....  
Postal address .....

Covers period from: ..... to: .....

Stage of Inquiry for this Claim:  Stage 1 - Case Book  Stage 2 - Interlocutory Conferencing  Stage 3 - Hearing

Provider information:	Lead Provider	Provider 2	Other
Provider Number	.....	.....	.....
Level of experience	.....	.....	.....
GHR \$	\$ .....	\$ .....	\$ .....

Please provide a brief overview of what you intend to undertake in this estimate period

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**Summary** (details of estimated costs are to be completed on the following page(s) and totals carried to this page)

Total Provider(s) estimated costs \$ .....

Total Disbursements estimated costs \$ .....

Total Estimated Costs (including GST) \$ .....

.....  
Lead Provider's Signature Date

LSA Office use only	Comments

Decision  A  D  R

Date 

day	month	year	

.....  
Grants Officer's signature

**Itemised Estimated Costs**

Please provide details of the activities for this estimate period and their estimated cost (attach additional pages if necessary).

	Lead Provider	Provider 2	Other	(All figures to include GST)
	Hours	Hours	Hours	\$ Total
<b>Preparation</b> (eg work immediately prior to attending meetings or conferences)				
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**Total estimated cost for Preparation \$**

	Hours	Hours	Hours	\$ Total
	<b>Attendances</b> (eg judicial conferences, hui, meetings with individuals, hearings)			
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**Total estimated cost for Attendances \$**

	Hours	Hours	Hours	\$ Total
	<b>Reading Research and Reports</b>			
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**Total estimated cost for Reading Research and Reports \$**

	Hours	Hours	Hours	\$ Total
	<b>Document Drafting</b> (eg Statement of Claim, Memoranda of Counsel, Submissions)			
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**Total estimated cost for Document Drafting \$**

	Hours	Hours	Hours	\$ Total
	<b>Other Activities</b> (give full details)			
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**Total estimated cost for Other Activities \$**

↑  
**Add all the totals above and carry to page one**

	Office	Travel related	Special/ other	\$ Total
	<b>Disbursements</b>			
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**Total estimated cost of Disbursements \$ (carry to page one)**