



Family Legal Aid 9/08 form 9

Amendment to Grant

Legal aid file No.

Lead provider's matter/file No.

Use this form when the aid required exceeds guideline hours or approval of a disbursement is required

Name of aided person

Name of lead provider

Name of law firm

Forum category 1 2 3 4

Total funding sought

Type of proceedings this amendment covers:

Please note: you must fill in the 'Reasons' section over the page if you require hours in addition to the steps.

Provider name or number	Lead Provider					Listed Provider B				
	1	2	3	A	B	1	2	3	A	B
Level of experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider rate (incl. GST)	\$					\$				

Step Number	Activities	Lead Provider		Listed Provider B	
		Hours	Total Fee	Hours	Total Fee
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Other (specify)			\$		\$
			\$		\$
Total Fees (incl. GST)					\$

Disbursements (specify)		\$
		\$
		\$
		\$
Total disbursements (incl. GST)		\$
Total amount sought (incl. GST)		\$

LSA office use only

Approve _____ hours Further information Refuse

Name

Signature

Date

day month year

Comments

Status of case

This section only applies to grants approved on or after 1 March 2007

Have any of the matters for which aid is sought 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 (refer to section 24 of the Legal Services Act 2000)

Reasons

Give reasons for exceeding Guideline Hours or pre approved hours for each activity to support an amendment to the grant.

Step Number	Activities	Reasons

Grounds

Please comment and note reasons on the aided person's grounds for continuing these proceedings.

Lead provider

I confirm that:

- I have informed the aided person of this amendment to the grant and explained why it is necessary.
- I have explained to the aided person that this amendment may increase their repayments (if any).
- I have informed the Agency of any changes to the address, or any increase in the income or disposable capital of the aided person.

Signature of lead provider

Date

day month year