

The following information will assist you in applying to become a provider of legal aid services with the Legal Services Agency. This can be an initial application to be listed or for existing providers to apply for additional areas of law, for other legal aid schemes or to advance criminal – proceedings category. A person may not provide legal aid services under any legal aid scheme unless they are listed as approved to provide those services. Section 69 of the Legal Services Act 2000 outlines the effect of listing.

All applications for listing as a provider of legal aid services with the Agency are considered in conjunction with the *Criteria for Approval as a Listed Provider pursuant to section 71 of the Legal Services Act 2000*. Please refer to the **Criteria for Approval as a Listed Provider** (including Glossary of Terms) while completing your application.

Forms:

- **Lead Provider Application Form Part 2** – use this form if you are a lawyer applying for the first time as a lead provider¹ or you are currently on the Legal Services List (known as the Provider List) and are applying for additional areas of law or legal aid schemes or criminal proceedings categories.
- **Litigation Experience Level Form Part 3** – outlines your employment history to ascertain at what litigation level you will be remunerated. Use this form when you apply for listing as a lead provider or to apply to increase your litigation experience level.
- **Reference Form Part 4** – contains the form to be completed by two work-related referees in the area of law in which you are applying and attached to your application. The Agency may contact your referees to validate the information provided.
- **Secondary Provider Application Form Part 5** – use this form if you are applying for secondary provider listing. A secondary provider is "a qualified lawyer/law practitioner, who meets the general listing criteria but does not meet the experience and competence criteria to be listed as a lead provider in a given area of law". A secondary provider is a listed provider who can only work under the supervision of a lead provider. The lead provider is fully responsible for the case/matter.
- **Non-lawyer Application Form Part 6** – use this form if you are a non-lawyer who wishes to provide assistance or support under the legal aid scheme.
- **Change of Employment Form Part 7** – use this form to advise the Agency of a change of employment status, change of location and any change of employment and/or contact details.
- **Direct Crediting Form Part 8** – complete this form to enable the Agency to direct credit legal aid payments to your or your firm's bank account. This form is required when you apply for listing as a lead provider or to advise the Agency of a change to your bank account or account details.

Approval as a Listed Provider

All applications for approval in area/s of law must be made directly to Provider List Administration, Legal Services Agency, P O Box 5333, Wellington, DX SP22526.

The Agency has established Local Consultative Groups, under section 101 of the Legal Services Act 2000, to assess the information provided by you for inclusion on the Provider List as a Lead Provider in specific area/s of law including Criminal – Proceedings category advances. The Group will consider the information provided by you to ascertain your experience and competence in relation to the area of law for which you have applied. A recommendation concerning the application will be made to the Agency. The Agency will make the decision to approve / decline / defer the area/s of law applied for. The Agency will convey this decision to you in writing.

You must provide sufficient information, to demonstrate your recent experience and competence, for listing for each area of law applied for.

- **If insufficient information is provided it will impede the progress of your application.**
- **Please refer to the separate checklist below to ensure you have included all the required material with your application.**
- **The Agency retains the right to return to you, any application considered to be incomplete.**

Please refer to the *Criteria for Approval as a Listed Provider (including Glossary of Terms)* when you compile your application.

The Agency can only consider your application on the basis of the information provided to it. In order to assist in the assessment process you should provide a statement of experience outlining your skills and experience in the area/s of law applied for and/or your current CV.

Contract for Services

If you are approved to be a listed provider you will be required to sign a Contract for Services with the Agency. This will contain a Schedule A and a Schedule B. Schedule A contains your approvals to provide legal aid services in specified area/s of law, any conditions attached to those approvals as well as your listed provider number and litigation experience level. Your approval is not confirmed until your signed Contract has been received and executed by the Agency.

Additional Requirement for Firms – Schedule B

Schedule B contains your firm's undertaking and will require them to verify that they will comply with certain requirements. Some administration and financial procedures, such as paying legal aid and performing reviews of files, will require information from, and the agreement of, your firm as well as you. Barristers, Sole Practitioners and some Principals will not need to complete a Schedule B.

¹A lead provider is a provider who has an approval that does not require supervision from another listed provider and who has overall responsibility for the management and conduct of the legal aid case including the substantive hearing.

Change of Status

If you change your employment/firm you must complete a **Change of Employment Form Part 7** and forward it to the Agency. Changes of this nature will require a new listed provider number and new contract schedules to be issued. You may also use Part 7 to advise the Agency of any change of name, address or other contact details.

If you wish to apply to change your litigation experience level you will need to advise the Agency in writing. Use the **Litigation Experience Level Part 3 Form** for this purpose. On approval, Schedule A to the Contract will be amended and a copy sent to you.

Should you no longer hold a current practising certificate, you are required to notify the Agency immediately. Please note, the Agency will not be obliged to pay for any services provided during any period where a practising certificate is not held or is not current.

Where you wish your name to be removed from an area of law or all of the Provider List, you must notify Provider List Administration in the Agency's Head Office immediately at P O Box 5333, Wellington, DX SP22526, Fax: 04 4955911 or provider@lsa.govt.nz

Privacy Statement

Under the provisions of the Privacy Act 1993, we are required to inform you that:

- *The information you provide is being collected for the purpose of applying to be included on the Provider List established by the Legal Services Agency under the Legal Services Act 2000.*
- *The information is needed to evaluate your eligibility to be included on this list.*
- *The provided information may be confirmed by reference to any of the following relevant parties: the New Zealand Law Society, District Law Society, Local Consultative Groups, peers and Judges.*
- *You have rights of access to the information held about yourself and you have the right to request correction to this information.*
- *Evaluative information gathered from the Local Consultative Groups reviewing the application is retained in an anonymous and summarised format.*
- *The application and supporting information will be kept for as long as it is required having regard to the purposes for which it was obtained.*
- *In accordance with section 70 of the Legal Services Act 2000, some or all of the following information will be publicly available through the Agency's Provider List through the Agency's website or on request: your name, address, phone/fax, email and approvals, including any conditions which may be attached.*

Exemptions from the Criteria

The Agency does not as a rule approve applications that do not meet the Criteria for Approval as a Listed Provider. However, if you seek a listing and do not meet the specified criteria and consider that your application should proceed due to exceptional circumstances, the Agency will require written submissions, which reflect your detailed and specific reasons for seeking such an exemption.

Secondary Providers

The definition of a secondary provider is "a qualified lawyer/law practitioner, who meets the general listing criteria and who does not meet the experience and competence criteria in a given area of law to be listed as a lead provider". A secondary provider is a listed provider who can only work under the supervision of a lead provider. The lead provider is fully responsible for the case/matter.

Once the Agency is satisfied that the general listing criteria have been met, you will have a secondary provider approval in the area/s of law applied for. As a secondary provider you may undertake a variety of work in the area/s of law specified in your Contract for Services under the supervision of a current lead provider who holds an approval in the relevant area/s of law.

- As a secondary provider you are required to have one lead provider for each legal aid case/matter you are working on.
- As a secondary provider you are responsible for finding your own lead provider/s from the Agency's provider list. This lead provider may be working within or outside the firm for whom you work.
- The lead provider in a case in which you are working is responsible for the quality and outcome. In order to achieve this, the lead provider is required to adequately supervise you at all times.
- As a secondary provider you make arrangements for payment of your legal aid work with the nominated lead provider.
- The lead provider is responsible for the payment to you. It is expected that your payment rate is at the Level 1 rate for lawyer listed providers.
- The lead provider must make the legal aid application and must name you as the secondary provider on the legal aid application.
- The lead provider is responsible for submitting the invoice for payment of legal aid and must show on all invoices the number of hours worked by both lead and you as secondary provider. The total hours claimed must be within the maximum grant of aid.

The Agency can only approve your application on the information provided by you. Therefore you will need to provide a copy of your Practising Certificate and your current CV and/or statement of experience.

Full name	<input type="text" value="Mr / Mrs / Miss / Ms / Dr"/>		
Preferred first name	<input type="text"/>		
Firm name	<input type="text"/>		
Street address	<input type="text"/>		
Postal address	<input type="text"/>	DX Address	<input type="text"/>
City	<input type="text"/>	District Law Society	<input type="text"/>
Phone	<input type="text" value="()"/>	Fax	<input type="text" value="()"/>
Email	<input type="text"/>		

Bank account details (provide details using **Part 8**)

I am applying to be listed as a:

- Qualified legal executive**
I am currently the holder of a New Zealand Law Society Legal Executive Certificate Yes No
OR
I have at least five years experience in the legal executive field Yes No
- Non qualified legal executive / para-legal**
- Law clerk**
I have completed the academic requirements for my eligibility to undertake my Professional Legal Studies training Yes No
- Employment advocate**
I am a current member of the New Zealand Employment Law Institute Yes No

Please have your supervisor complete the following declaration

(Employment Advocates who are self employed are not required to complete the supervisor declaration section).

I have at least two years experience as a qualified legal practitioner and am a lead provider, or have made application to the Legal Services Agency to be a lead provider. The applicant works in the same organisation as me and I am their primary supervisor.

To the best of my knowledge the details supplied above are correct

Name of Supervisor

Signature _____ Date ____ / ____ / ____

Part 6

Statutory Declaration By All Applicants:

- I solemnly and sincerely declare that the information provided in this form is accurate and complete.
- I understand and consent to my application form being used to evaluate whether I may be included as a listed provider.
- I accept that my application may be referred to the appropriate District Law Society or the Employment Law Institute on a confidential basis as part of the process to determine eligibility.
- And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Full name and residential address of applicant making this declaration

Applicant's signature

--

Declared at

--

this day

the month and year of

--

--

Before me *(Name or stamp of person authorised to take a statutory declaration)*

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Authorised person's signature

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Forward the completed, original application form with all supporting information to:

Provider List Administration
Legal Services Agency
P O Box 5333
WELLINGTON
DX: SP22526

The Agency retains the right to return to an applicant, any application considered to be incomplete.

Direct Crediting of Listed Provider Payments

The Agency is pleased to advise that it can provide the benefit of direct credit payments for invoices. This means that each Thursday, payments will be able to be made directly to your bank accounts.

However, for those listed providers wishing to benefit from this service, an email address is required, as all remittance advices will be sent electronically.

If you wish to take advantage of this opportunity you must complete the information requirements below. Please return this form to the address specified, ensuring you forward us a **bank deposit slip** for the bank account where you wish payments to be lodged.

Provider name	<input type="text"/>
Provider number	<input type="text"/>
Firm name	<input type="text"/>
Firm number	<input type="text"/>
Email address	<input type="text"/>
Bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Signature _____ Position / Title _____ Date ____ / ____ / ____

Please ensure a bank deposit slip is attached

If you have any queries about direct crediting, please contact
Direct Credit / Finance Section. Tel (04) 495 5910. Email: Finance@lsa.govt.nz