

Legal aid file No.

Lead provider's reference

CRNs

Criminal Legal Aid Amendment to Grant

Fill in this form if funding sought is in excess of Agency standard maximum rates. Complete a separate form for each provider.

Name of aided person

Name of lead provider Name of law firm

Level of experience 1 2 3 GHR (incl. GST) \$ Proceedings category 1 2 3 4

Description of proceedings:

Status hearing Guilty plea S153A Change of plea (electable) Bail (onus on defence)

Defended hearing Depositions Sentencing Bail (onus on prosecution)

(Summary) Change of plea to guilty Jury trial Appeal - sentence/conviction Bail (electronic)

Interlocutory/other (specify):

Funding sought

Complete the table for total funding sought and outline reasons overleaf

Preparation time	Hours	\$ Total fee (incl. GST)
Briefing client/witness		\$
Research		\$
Correspondence		\$
Submission writing		\$
Conferences (in person, telephone, video etc)		\$
Other (specify) <input type="text"/>		\$
Totals		\$

Estimated Court time

Hearing type (specify)	Hours	\$
<input type="text"/>		\$
<input type="text"/>		\$
Totals		\$

Travelling time

Travel time	Hours	\$
<input type="text"/>		\$

Disbursements

Mileage	kms	@ \$0.73 per km	\$
<input type="text"/>			\$
Other (specify)	<input type="text"/>		\$
<input type="text"/>			\$
Total disbursements (incl. GST)			\$
Total amount sought (incl. GST)			\$

LSA office use only

Approve 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

Has the case ended?

No

Yes → Date case ended

→ Please outline reasons for delay in submitting this amendment below (refer to section 24 of the Legal Services Act 2000)

Reasons

Briefly describe reasons for:

- the delay in submitting this amendment (if applicable)
- requesting a grant in excess of the standard maximum rates and provide a summary of the issues

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 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