

APPLICATION SEEKING MĀORI LAND COURT SPECIAL AID

Te Ture Whenua Māori Act 1993
Section 98(3) or 98(9)

For more information visit www.justice.govt.nz/courts/maori-land-court

The Māori Land Court of New Zealand / The Māori Appellate Court of New Zealand

(Please select the name of the Māori Land Court District in which some or all of the lands or the subject matter of the application is located)

| | | | |
|-------------------------------------|-------------------------------------|--|--|
| Please select one District | <input type="checkbox"/> Taitokerau | <input type="checkbox"/> Waikato Maniapoto | <input type="checkbox"/> Waiariki |
| <input type="checkbox"/> Tairāwhiti | <input type="checkbox"/> Tākitimu | <input type="checkbox"/> Aotea | <input type="checkbox"/> Te Waipounamu |

1. I / We seek financial assistance from the Māori Land Court Special Aid Fund for the following purposes. (Please tick)

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Proceedings under Te Ture Whenua Māori Act 1993 |
| <input type="checkbox"/> | Proceedings under Māori Fisheries Act 2004 |
| <input type="checkbox"/> | Proceedings under Māori Commercial Aquaculture Settlement Claims Act 2004 |

2. Special aid funding is sought to cover my/our (Please tick)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Reasonable out-of-pocket expenses; and/or |
| <input type="checkbox"/> | Reasonable fees of my/our lawyer |

LAWYERS DETAILS

3. Do you have a legal representative? (Tick applicable purpose)

| | |
|---|--|
| <input type="checkbox"/> YES (go to question 4) | <input type="checkbox"/> NO (go to question 5) |
|---|--|

4. My/our Lawyers contact details are:

| |
|--|
| Name: |
| Firm: |
| Address: |
| |
| Telephone Number:..... Fax Number: |
| Email:..... |
| (The legal representative must complete questions 10 and 11) |

5. Has a lawyer already completed work on this matter? (Tick applicable purpose)

YES

NO

6. Has payment been made for this work? (Tick applicable purpose)

YES If so please provide a copy of the account.

NO

7. If you do not have a lawyer, would you like the Court to appoint a legal representative on your behalf?

YES

NO

8. Please state the reasons you seeking Special Aid: (Please write legibly if completing by hand.)

.....

.....

.....

.....

Continue on a sheet of separate paper if necessary and attach to this form.
Please note that you will be required to provide evidence for your claim. (such as receipts, invoices and income details)

Signed by the Applicant(s) or on behalf of claimant group

| | |
|--|------------|
| | Dated: / / |
| | Dated: / / |
| | Dated: / / |
| | Dated: / / |

If the applicant is a trust board, trust, or other legal entity, the application must be signed under the common seal or other legal form appropriate to that body.

Affix seal (if applicable)

CONTACT DETAILS

Contact Address:

.....

.....

(Address to which documents or correspondence in connection with the application can be posted or delivered)

Phone Number(s):

| | |
|---------|-------|
| Home: | Work: |
| Mobile: | Fax: |

Email Address:

NOTE: Where fax or email addresses are given these may be used as a means of notice and service.

Fee: \$60.00

10. LAWYER/PROVIDER TO COMPLETE *(only if you answered Yes in question 3)*

| | |
|---|--------------------------|
| Date instructions received. | Dated: / / |
| Estimated time frame to complete services. | |
| Total likely cost of services for which Special Aid is sought (GST inclusive) using Agency Standard Rates is: | |

11. Where no standard rate applies complete the following estimate (GST inclusive)

| | |
|------------------------------|----|
| Preparation | \$ |
| Attendances | \$ |
| Reading research and reports | \$ |
| Documentation preparation | \$ |
| Telephone attendances | \$ |
| Court attendances | \$ |
| Correspondence | \$ |

Other Activities

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Disbursements

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| | |
|------------------------------------|----|
| TOTAL (including GST) of all boxes | \$ |
|------------------------------------|----|

| | |
|-------------------------|--------------------------|
| Signed by the Provider: | Dated: / / |
|-------------------------|--------------------------|

Acknowledgement and confirmation by the Applicant:

I have received a completed copy of this application form from my lawyer.

| | |
|--------------------------|--------------------------|
| Signed by the Applicant: | Dated: / / |
|--------------------------|--------------------------|

NOTE:

- (i) If you have already paid a lawyer for work on this matter, please provide a copy of the account.
- (ii) When completing this form, lawyers must ensure they are aware, and take into account, the Māori Land Court Special Aid Guidelines set out in the practise note issued under section 97 of Te Ture Whenua Māori Act 1993 dated 31 May 2012.
- (iii) Where necessary, you must supply evidence to support your request, such as confirmation from Work and Income New Zealand as to your income.

| |
|------------------------------------|
| Office use: |
| Application: ACCEPTED / REFUSED |
| Dated: |
| Signed: |
| Name: |
| Designation: |

MĀORI LAND COURT CONTACT DETAILS

This application must be lodged in with the Registrar in the District in which some or all of the lands are or the subject matter of the application is located

| | | | |
|--|--|--|---|
| TAITOKERAU L2, Manaia House 41 Rathbone St WHANGĀREI DX Box AX10086 WHANGĀREI PH: (09) 983 9940 Fax: (09) 983 9941 mlctaitokerau@justice.govt.nz | TAITOKERAU Auckland Information Office Avanti Finance Building 65B Main Highway Ellerslie, AUCKLAND DX Box EX10912 AUCKLAND PH: (09) 279 5850 Fax: (09) 279 5852 mlctamakimakaurau@justice.govt.nz | WAIKATO MANIAPOTO L2, BNZ Centre 354-358 Victoria St HAMILTON DX Box GX10101 HAMILTON PH: (07) 957 7880 Fax: (07) 957 7881 mlcwaikato@justice.govt.nz | WAIARIKI Hauora House 1143 Haupapa St ROTORUA DX Box JX10529 ROTORUA PH: (07) 921 7402 Fax: (07) 921 7412 mlcwaiariki@justice.govt.nz |
| TAIRĀWHITI Ngā Wai e Rua Building Cnr Lowe Str & Reads Quay GISBORNE DX Box PX10106 GISBORNE PH: (06) 869 0370 Fax: (06) 869 0371 mlctairawhiti@justice.govt.nz | TĀKITIMU L2, Heretaunga House Corner Lyndon & Warren Strs HASTINGS DX Box MX10024 HASTINGS PH: (06) 974 7630 Fax: (06) 974 7631 mlctakitimu@justice.govt.nz | AOTEA Ingestre Chambers 74 Ingestre Street WHANGANUI DX Box PX10207 WHANGANUI PH: (06) 349 0770 Fax: (06) 349 0771 mlcaotea@justice.govt.nz | TE WAIPOUNAMU 30 Sheffield Crescent Burnside CHRISTCHURCH DX Box WX11124 CHRISTCHURCH PH: (03) 962 4900 Fax: (03) 962 4901 mlctewaipounamu@justice.govt.nz |