

APPLICATION SEEKING MĀORI LAND COURT SPECIAL AID

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

For more information visit www.maorilandcourt.govt.nz

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 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)
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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.)

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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: \$68.00

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	\$
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Signed by the Provider:	Dated: / /
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Acknowledgement and confirmation by the Applicant:

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

Signed by the Applicant:	Dated: / /
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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

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