

www.jmlaw.co.nz

Level 1, 13 Leeds Street

P.O Box 11665

Wellington 6142

T.(04)8015621 Email: info@jmlaw.co.nz

<u>APPLICATION PACK</u>

We are a small law firm, based in Wellington, specialising in ACC law. We can act for clients in New Zealand and overseas.

If ACC makes a decision that you would like to challenge through the review process, please contact us as soon as possible.

You have three months to apply for a review from the date the decision is issued. In most instances, we are only able to consider taking on cases in which a decision has been issued by ACC.

Our Fees

We understand many of our clients find themselves in a difficult financial position when challenging an ACC decision.

Legal aid

Legal aid is government funding to pay for legal help for people who cannot afford a lawyer. If you are reviewing an ACC decision you can apply for a civil legal aid grant.

Eligibility is based on your total household income, assets and dependent children aged 18 years and under.

If we think you are likely to qualify for legal aid, we will send you a copy of the legal aid application form and submit it on your behalf to the Ministry of Justice.

Fee Agreement

If legal aid is not an option, we will discuss our fees with you and provide you with a letter of engagement.

The basis on which fees will be charged and when payment of fees is to be made will be set out in our letter of engagement and our standard terms of engagement.



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All questions contained in this questionnaire are strictly confidential.

Personal Details				
First Name:		Middle Name:		
Last Name:				
Have you ever used another name?	Yes	No		
If yes, please list any other names used				
D.O.B				
Postal Address				
Street:				
City/ Town:		Postcode:		
Contact Details				
Email:				
Phone:	_	Mobile:		
Please complete the following:				
o I have an ACC decision that I am wanting to challenge:				
o I have attached my ACC decision with this application:				
o I have signed and dated the attached Authority to Act Form:				
o At the time of my injury/ies, I was employed:				

Please refer to the second page if you are wanting to give any additional information regarding your ACC matters.



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These questions are optional, however they will help us ascertain your eligibility for legal aid and further

entitlements.					
Have you received an	y of the followir	ng entitlements fro	om ACC?		
Lump Sum:	Yes	No	Independence Allowance:	Yes	No
Home Help:	Yes	No	Loss of Potential Earnings:	Yes	No
Attendant Care:	Yes	No	Weekly Compensation:	Yes	No
Do you suffer from an PTSD Depression Anxiety Chronic Pain	ny of the followi	ing? Yes	No		
The following question	ns are in regard	to whether you wo	ould be eligible for legal aid.		
Do you receive a WII	NZ benefit/ Sup	erannuation bene	fit? Yes	No	
Do you receive ACC weekly compensation?			Yes	No	
Do you have a partner?			Yes	No	
Are you or your partner employed?			Yes	No	
Do you and/or your	partner own pro	operty?	Yes	No	
If there is any addition	onal information	n in regards to wha	at you would like us to do for you, fe	eel free to fill ou	ut the space below:



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AUTHORITY TO ACT

To whom it may concern,

I give authority to John Miller Law to act on my behalf and access my police/ACC/medical/MSD/WINZ files.

In ACC cases where costs are awarded or arrears obtained, I understand that fees owing will be deducted from this amount. Accordingly, I authorise these payments to be paid as directed by John Miller Law.

Full Name:	
D.O.B	
Signature:	
Date Signed:	