

# APPLICATION PACK

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.

*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:**

- ☐ I have an ACC decision that I am wanting to challenge:
- ☐ I have attached my ACC decision with this application:
- ☐ I have signed and dated the attached Authority to Act Form:
- ☐ 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.



Level 1, 13 Leeds Street  
PO BOX 11665  
Wellington  
New Zealand

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

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

- PTSD
- Depression
- Anxiety
- Chronic Pain

Do you receive a WINZ benefit/ Superannuation benefit?	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 property?	Yes	No

# *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: \_\_\_\_\_