



# LAWYER PORTAL **USER GUIDE**

**JANUARY 2022** 



# Background

In accordance with the *Motor Accident Injuries Act 2019* and *Motor Accident Injuries (Lawyer Information Collection) Regulation 2021* (the Regulation), this manual provides step by step instruction and direction on entering the required information in the Motor Accident Injuries Commission's Lawyer Portal.

The Motor Accident Injuries (Lawyer Information Collection) Regulation requires lawyers to provide information to the Motor Accident Injuries Commission (MAI Commission) related to proceedings before the ACT Civil and Administrative Tribunal for External Review or for a motor accident claim in an ACT Court (following a Notice of Claim). It is mandatory for a lawyer to provide a breakdown on the costs charged for the preparation and management of legal proceedings, such as legal fees and disbursements and other expenditure on both a solicitor-client and party-party basis (regardless of whether all the payments has been received by the lawyer).

The Lawyer Portal will facilitate the monitoring of legal services through your information on the costs for matters and related expenditure. By having a clear understanding of the cost of legal services to injured people, the MAI Commission will have more information on the effectiveness and efficiency of the Scheme. The Lawyer Portal will allow for this information to be more readily visible to the MAI Commission and your assistance is acknowledged.

## When to report?

The Regulation provides that the reportable information must be given to the MAI Commission within 28 days after the end of the relevant period. For an ACAT application for external review this is when the ACAT made an order deciding or dismissing the application. For a motor accident claim, this is from the day the <u>payment</u> was made by the respondent for an award of damages or for an accepted offer of settlement. In any other case, the relevant period ends when the court gave its judgement in a proceeding on the claim. Where a lawyer stops representing the client before the end of the relevant period, the obligation to report is 28 days after the lawyer stops representing the client.

An offer of settlement that is agreed between the parties includes a settlement that occurs before, or as part of a compulsory conference required by part 5.7.3 of the *Motor Accident Injuries Act 2019*, and any settlement arrived at during legal proceedings.

Where costs information becomes subsequently available, for example where a matter is on appeal, resulting in a judgement in a proceeding, the 28 days to report is from the date of judgement.



# How to complete a submission

Access the Lawyer Portal located on the MAI Commission's website, www.treasury.act.gov.au/maic.

The first page introduces the MAI Commission Lawyer Portal and provides for an acknowledgement about the provision of the information:

The Motor Accident Injuries Commission Lawyer Portal ("Lawyer Portal") is designed to collect information for the purposes of the *Motor Accident Injuries* (Legal Information Collection) Regulation 2021. The persons who are or were the legal representatives of an applicant or claimant ("client") have an obligation to provide this information. The information may also be provided to the portal by a person authorised by the legal representative to provide the information.

The information that is being provided to the portal is protected information under the *Motor Accident Injuries Act 2019* and associated regulations. This website has been authorised by the MAI Commission.

You agree when providing information on the portal that you are the appropriate person (including an authorised person) to provide the information and that the information you provide is true and correct. If you come into information from the Lawyer Portal, you agree you will not release or otherwise deal with the information and will inform the MAI Commission immediately.

Please click **Proceed** on the landing page to begin after reviewing the acknowledgement and the terms.



## 1. Legal representative

The first section requires provision of the details of the legal representative for the decision or matter making this submission. If someone else is submitting this information on behalf of the legal representative, such as administrative staff or paralegal, it is the details of the applicable lawyer that need to be provided. Note that the description for all four fields feature an asterisk. The asterisk indicates that this is a required field, and the form cannot be submitted until there is a value in the required field.

If there is more than one lawyer for the applicant/client from a firm, the name of the legal representative who has the day to day conduct of a client's representation within a law practice should be provided, with further information included in the Feedback for MAIC box located under Event Type.

Complete all four fields with the requested information and click **Next** to proceed to the next section.

S	Submit de	etails			
	1 Legal representative	2 Verification	3 Event type	4 Costs and disbursements	5 Confirm details
	1. Legal rep	resentative			
	First name * Last name *				
	Phone number * Email address *				
				I	Next



## 2. Verification

The information you provide in this section is used by the MAI Commission to match your submission with Personal Injuries Application information provided to the Commission by the relevant insurer, and to correspond with the decision, settlement or judgement to which this submission applies.

Submit details			
Legal representative Verification	3 Event type	4 Costs and disbursements	5 Confirm details
2. Verification			
MAI Application Identifier *			0
Date of accident (DD/MM/YYYY) *	DD/MM/	γγγγ	
Postcode of accident *			
Applicant date of birth (DD/MM/YYYY) *	DD/MM/	γγγγ	
Back		I	Next

**Managing insurer** – This will usually be the relevant insurer for defined benefits, or the managing insurer under a sharing agreement between two or more insurers or under the Civil Law (Wrongs) Act.

**MAI Application Identifier** – This is the application identifier (an alphanumeric code) supplied by the relevant insurer to the applicant upon receipt of their Personal Injuries Application.

**Date of accident (DD/MM/YYYY)** – The date on which the accident occurred, as reported by the applicant to the relevant insurer.

**Postcode of accident** – the postcode where the accident occurred, as reported by the applicant to the relevant insurer.

**Claimant date of birth (DD/MM/YYYY)** – the date of birth of the applicant/claimant.

Once you have entered the information and verified it as correct, click the **Next** button to proceed.



At this stage, the information you have provided in the Verification section is compared with the application data provided to the MAI Commission by the ACT licensed insurers.

If the information you provided in the Verification section matches with the data provided by the relevant insurer, the Lawyer Portal will continue directly to the next section. This is the expected result in matters where the relevant insurer is an ACT licensed insurer.

If the information you provided in the Verification section does not match with the data provided by the relevant insurer, the Lawyer Portal will provide a pop-up message as shown below, prompting you to either continue your submission, or return to the previous screen to verify the information you've provided in the previous steps.

	_			
Submit de			×	
Legal representative	Application not found An application could not be found Click <b>Back</b> to return to the Verifica provided or click <b>Next</b> to proceed	l for the information provided. ation step to review the data you'	/e	5 Confirm details
2. Verificat	Back	Nex	t	✓
MAI Application Ident	ifier *	123		✓ 8
Date of accident (DD/I	MM/YYYY) *	01/06/2021		✓ 🗀
Postcode of accident	*	2600		~
Applicant date of birtl	h (DD/MM/YYYY) *	01/01/1990		✓ 🗖
Back				Next

Click on the **Back** button to return to the preceding screen to verify that the information you provided is correct.

Click on the **Next** button if the information you provided in the previous steps is correct, and the portal will proceed to the next step. Please note that the verification step will show this message for all applications which involve an interstate insurer (an insurer not licensed for the ACT MAI Scheme by the MAI Commission).



## 3. Event type

After the Verification step has completed, Section 3 will be shown:

Submit details			
Legal representative Verification	<b>3</b> Event type	4 Costs and disbursements	5 Confirm details
3. Event type			This is an additional human verification step for an unverified application
Matter represented *			÷
Feedback for MAIC regarding the matter			
Back			Next

What is x + y? – This is an additional human verification step which only appears for an unverified application to mitigate the potential of malicious scripts impacting the service. Enter the sum of the two single-digit numbers.

**Matter represented** – Indicate whether the applicant or claimant was represented at an **ACAT review** (including an appeal of an ACAT decision to an ACAT tribunal) or **Common Law** for a Notice of Claim (this would include a settlement reached prior to a court proceeding commencing, or court proceedings, including an appeal).

**Decision or settlement date (DD/MM/YYYY)** – Provide the date that the decision was made by ACAT or a judgement was entered in this matter, or in the case of a settlement, the date on which the settlement was agreed. The date can be entered by either utilising the calendar provided or by manually entering the date in the box provided in day/month/year order e.g. DD/MM/YYYY.

**Feedback for MAIC regarding the matter** – This field is for feedback to the MAI Commission about the matter. This can include information that more than one lawyer from a law practice represented a client in the matter, as only the legal representative with day to day conduct of the matter ('principal lawyer') is provided on the first portal page. The name of the law firm and each of the other legal representatives should be provided. Including the information ensures the MAI Commission is advised that the lawyers have met their obligation to provide information through the principal lawyer.



This field can also be used to provide further information, for example, that an appeal after a decision or judgement has been lodged. As a subsequent event, a new submission should be made by the lawyer, with information included in the field that an appeal has been finalised and additional or new costs and disbursements incurred, with the fields updated as necessary (though some may be 0.00). The field can also be used to provide any other feedback, including your interactions with the relevant insurer.

*Pro bono representation*: If a lawyer provides pro bono representation in accordance with the Law Society's Pro Bono Guidelines (<u>https://www.actlawsociety.asn.au/practising-law/pro-bono/pro-bono-guidelines</u>), please enter in this field that the matter was represented pro bono

If you have selected an **ACAT review**, and provided the Decision or settlement date, press **Next** to proceed to Section 4.

If you have selected **Common Law**, additional fields will be shown (as below) to capture data relating to settlement offers required to be exchanged under part 5.7.3 of the MAI Act or a settlement negotiation. A date is required to ascertain who made the first offer and the first counteroffer (fields use the description of 'first offer' as either party can make a first offer).

3.1 Settlement offer		
Insurer's first offer of settlement? *		
Is this inclusive of legal costs? *		\$
Date of insurer's first offer (DD/MM/YYYY) $^{\star}$	DD/MM/YYYY	
Claimant's first offer of settlement? *		
Inclusive of legal cost and disbursements? *		\$
Date of claimant's first offer (DD/MM/YYYY) *	DD/MM/YYYY	

**Insurer's first offer of settlement?** – Provide the amount of the relevant insurer's first settlement offer for this claim. A numeric value must be provided for this field.

**Is this inclusive of legal costs?** – Indicate whether the **Insurer's first offer of settlement** amount is inclusive of legal costs (select **Yes**) or if it is not inclusive of legal costs (select **No**).

**Date of insurer's first offer (DD/MM/YYYY)** – provide the date of the insurer's first offer.

**Claimant's first offer of settlement?** – Provide the amount of the claimant's first offer of settlement for this claim. A numeric value must be provided for this field.

**Inclusive of legal costs and disbursements?** – Indicate whether the **Claimant's first offer of settlement** amount is inclusive of legal costs and disbursements (select **Yes**) or if it is not inclusive of legal costs and disbursements (select **No**).

Date of claimant's first offer (DD/MM/YYYY) – provide the date of the claimant's first offer.

Once you have entered the information for each required field, click **Next** to continue to Section 4.



### 4. Lawyer costs and disbursements

The information you provide in this section quantifies costs and disbursements related to the representation of your client. Please insert 0.00 if an item is not applicable (for example, an estimate of party/party costs may not arise for an application to ACAT). You can enter a 0 and navigate to the next field to auto-populate a 0.00. In relation to costs associated with an ACAT review, the itemised details prepared for a request for an ACAT Costs Order (if such a request is made) may assist a lawyer in completing this section. All the fees, costs and disbursements, and not just the amount claimed under the cap, are to be provided.

If you are reporting an ACAT matter, the Lawyer costs and disbursements page appears as below:

Submit details	
1 2 3 4 Legal representative Verification Event type Costs and disbu	5 ursements Confirm details
4. Lawyer costs and disbursements Please enter the amount in dollars and cents or 0.00 if not applicable.	
4.1 Estimate of costs and fees	
The estimate of total costs and fees at the commencement of the event * How much of the estimate was party/party costs? *	
How much of the estimate was legal fees? *	
4.2 Costs and disbursements	
Solicitor client fees (excluding party/party costs) *	
Party/party costs (excluding solicitor client fees) *	
Previous lawyer legal fees (if any) *	
Barrister / counsel fees *	
Fees for Medical reports and clinical notes, including allied health *	
Medico-legal specialist reports including allied health *	
Other expert fees paid *	
Other e.g. interpreter, travel, application and filing fees, witness expenses, etc. *	
Total all costs	0.00
Was there a cost order under the Motor Accident Injuries (ACAT Costs Orders) Regulation 2020? *	\$
Back	Next

If you are a pro bono representative enter 0.00 as appropriate.



#### 4.1 Estimate of costs and fees - ACAT

**The estimate of total costs and fees at the commencement of claim** – Please provide the estimate disclosed in a cost disclosure to the claimant, including any update at the time of the application was made to ACAT.

**How much of the estimate was party/party costs?** – The amount of the above estimate attributable to party/party costs. If no amount, enter 0.00, noting a 0 will auto-populate the field as you navigate to the next field.

**How much of the estimate was legal fees?** – The amount of the estimate attributable to legal fees. If there is no amount, enter 0.00.

#### 4.2 Costs and disbursements - ACAT

**Solicitor client fees (excluding party/party costs)** – Provide the total amount of the solicitor's fees charged to the client, excluding party/party costs.

**Party/party costs (excluding solicitor client fees)** – Provide the total party/party costs, excluding solicitor client fees.

**Previous lawyer legal fees (if any)** – Provide any previous lawyers legal costs paid in relation to this application or claim.

**Barrister / counsel fees** – Provide the total amount of any barrister and counsel fees paid in relation to this application or claim.

**Fees for Medical reports and clinical notes, including allied health** - Provide the total of all treating medical and allied health professionals' fees paid for the client's action.

**Medico-legal specialist reports including allied health** - Provide the total amount of all Medico-legal specialist reports including allied health fees paid.

Other expert fees paid - Provide the total amount of any other expert's fees paid.

**Other e.g. interpreter, travel, application and filing fees, witness expenses, etc.** - Provide the total amount of any other payments made on the claim e.g. interpreter, travel etc.

**Total all costs** – No entry is required for this field, as it is automatically calculated based upon the entries provided above. This field is not editable.

Was there a cost order under the *Motor Accident Injuries* (ACAT Cost Orders) Regulation 2020? – Select yes or no as appropriate.

Once you have provided the information for the required fields above, click **Next** to continue to Section 5, to confirm the details.



**If you are reporting a common law matter**, the Lawyer costs and disbursements page includes sections 4.1 and 4.2, which are the same as with ACAT matters, plus sections 4.3 and 4.4, which are specific to common law matters:

1	)		3	4	5
Legal repres	entative	Verification	Event type	Costs and disbursements	s Confirm details
4. La Please	awyer co	osts and disk unt in dollars and cent	DURSEMENTS ts or 0.00 if not applicab	le.	
4.1 Es	stimate of	costs and fees			
The est	imate of total co	osts and fees at the comm	encement of the event *		
How m	uch of the estim	ate was party/party costs	?*		
How m	uch of the estim	ate was legal fees? *			
4.2 C	osts and o	disbursements			
Solicito	or client fees (exc	cluding party/party costs)	*		
Party/p	arty costs (exclu	iding solicitor client fees)	×		
Previou	ıs lawyer legal fe	ees (if any) *			
Barriste	er / counsel fees	*			
Fees fo	r Medical report	s and clinical notes, inclu	ding allied health *		
Medico	-legal specialist	reports including allied h	ealth *		
Other e	xpert fees paid '	×			
Other e	.g. interpreter, t	ravel, application and filir	ng fees, witness expenses, e	etc. *	
Total al	l costs			0.00	
4.3 D	eduction	S			
Medica	re payback *				
Centrel	ink payback *				
Other i	nsurer payback '	*			
Advanc	e payment to cli	ient *			
Total al	l deductions			0.00	
4.4 C	Distributio	n of funds			
Net am	ount due to clier	nt *			
If paid,	what was the da	ate the balance of funds w	as distributed to the client	(DD/MM/YYYY) DD/MM/	^^^ T

If you are a pro bono representative enter 0.00 as appropriate.



#### 4.1 Estimate of costs and fees – Common Law

**The estimate of total costs and fees at the commencement of claim** – Please provide the estimate disclosed in a cost disclosure to the claimant, including any update at the time of the motor accident claim being commenced with the notice of claim form.

**How much of the estimate was party/party costs?** – The amount of the above estimate attributable to party/party costs. If no amount, enter 0.00, noting a 0 will auto-populate the field as you navigate to the next field.

**How much of the estimate was legal fees?** – The amount of the estimate attributable to legal fees. If there is no amount, enter 0.00.

#### 4.2 Costs and disbursements – Common Law

**Solicitor client fees (excluding party/party costs)** – Provide the total amount of the solicitor's fees charged to the client, excluding party/party costs.

**Party/party costs (excluding solicitor client fees)** – Provide the total party/party costs, excluding solicitor client fees.

**Previous lawyer legal fees (if any)** – Provide any previous lawyers' legal costs paid in relation to this claim that you know of or paid.

**Barrister / counsel fees** – Provide the total amount of any barrister and counsel fees paid in relation to this application or claim.

**Fees for Medical reports and clinical notes, including allied health** - Provide the total of all treating medical and allied health professionals' fees paid.

**Medico-legal specialist reports including allied health** - Provide the total amount of all Medico-legal specialist reports including allied health fees paid.

Other expert fees paid - Provide the total amount of any other expert's fees paid.

**Other e.g. interpreter, travel, application and filing fees, witness expenses, etc.** - Provide the total amount of any other payments made on the claim e.g. interpreter, travel etc.

**Total all costs** – No entry is required for this field, as it is automatically calculated based upon the entries provided above. This field is not editable.

#### 4.3 Deductions – Common Law

Medicare payback – Enter the amount of any Medicare payback made.

**Centrelink payback** – Enter the amount of any Centrelink payback made.

Other insurer payback – Enter the amount of any payback to another insurer.



Advance payment to client – Enter the total amount of any advance payment(s) made to the client.

#### 4.4 Distribution of funds – Common Law

**Net amount due to client** – Enter the settlement amount minus the insurer's deductions, minus the total of all costs and deductions made by lawyer. This is the actual net amount the claimant receives.

If paid, what was the date the balance of funds was distributed to the client? (DD/MM/YYYY) – Provide the date the balance of funds was distributed if this has been completed. Leave this field blank if no balance of funds has been distributed to the claimant.

Once you have provided the applicable information for the required fields above, click **Next** to continue to Section 5.



# 5. Confirm details

The final section allows you to confirm the details you have provided prior to submitting the information to the MAI Commission.

Submit details	
1 2 Legal representative Verification	3     4     5       Event type     Costs and disbursements     Confirm details
5. Confirm details	
1. Legal representative First name * Last name *	

On this page you can review all the details you've provided to ensure they are correct.

If you need to make a correction, you can either click directly on the relevant section number containing the field you would like to change, as shown by the red arrow below:



Or alternately, click the **Back** button near the bottom of the page:





Once you are satisfied that the information shown on the Confirm details screen is correct, click the Submit button:





## 6. Submission complete

Once you have submitted, the following screen will be displayed providing a summary of what has been submitted, along with a unique Transaction ID number, and a date-time stamp.

Submitted
Thank you for your submission. The information you provided has been lodged with the MAI Commission. Should you need to update any of the information provided, you are able to re-complete the process with the corrected data within 90 days of the decision date.          Download PDF       Submit another
Motor Accident Injuries Commission
Transaction f8044560-8906-11ea-b76d-673303b29010 submitted at: Tue Apr 28 2020 14:16:01 GMT+1000 (Australian Eastern Standard Time) 1. Legal representative

You are able to print from this screen, or alternately you may download the submission in PDF format by clicking the **Download PDF** button:

Submitted
Thank you for your submission. The information you provided has been lodged with the MAI Commission. Should you need to update any of the information provided, you are able to re-complete the process with the corrected data within 90 days of the decision date.
Download PDF Submit another

The PDF provides the same detail as shown in the central window, including the Transaction ID, the date-time stamp, and all the information as captured.



Once submitted, this screen also allows you to submit another claim with the same Legal Representative information as provided in this submission by clicking the Submit another button:

Submitted
Thank you for your submission. The information you provided has been lodged with the MAI Commission. Should you need to update any of the information provided, you are able to re-complete the process with the corrected data within 90 days of the decision date.
Download PDF Submit another

## **Confidentiality Notice**

Statistical data is authorised to be published on the information collected through the Lawyer Portal. In publishing any data, the MAI Commission is required to ensure information relating to a lawyer does not disclose information that relates to the practices of the lawyer, eg., business details or connections. This information is to be kept confidential by the MAI Commission and is protected information under section 476 of the Act.

## Disclaimer

All identity information used in this document depicts fictitious operations with sample data used to develop sample processes for the MAIC Lawyer Portal. Any resemblance to actual names, addresses, contact numbers or claim values is coincidental.