Osprey Approach: ELPL Aborted Portal Claim

This help guide was last updated on
Apr 19th, 2023

The latest version is always online at
https://support.ospreyapproach.com/?p=32848

CLAIMANT/COURT/COUNSEL DETAILS ELPL

Reason Case left Portal?

Please Select

- Please Select
- Defendant alleges CNF lacks info
- D allege contrib neg/no CNF response/no liability

Client salutation

Case Number

Court

(None selected)

- (None selected)
- WolverhamptonCombinedCourt - Wolverhampton Combined Court Centre (Pipers Row Wol

Counsel

(None selected)

- (None selected)
- No1Chambers - No 1 Chambers (1 Chambers Court Birmingham - Birmingham),

Counsel Ref

Submit Cancel

DEFENDANT DETAILS ELPL

If Defendant is an individual, enter details here:

Title Type

Other Title

Name

Middle Name

Surname

House Name

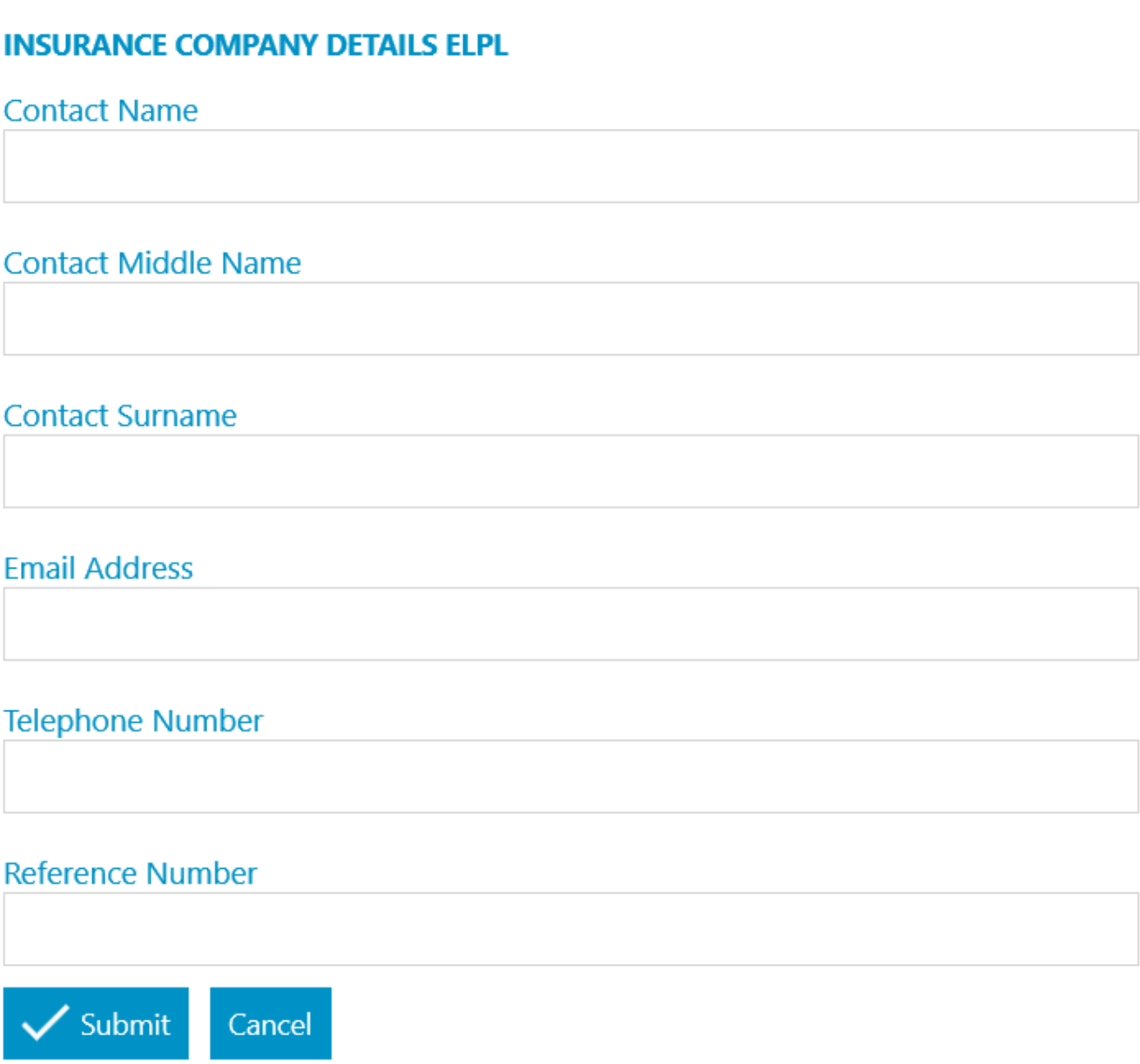
House Number

Street 1

Street 2

District

City



Criteria: Documents/keydates will only run if the corresponding Medical Expert field is completed in the questionnaire.

ALLOCATE A CUSTOM QUESTIONNAIRE

MEDICAL EXPERTS ELPL

Medical Expert 1

(None selected)

(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

Medical Expert 2

(None selected)

(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

Medical Expert 3

(None selected)

(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

Medical Expert 4

(None selected)

(None selected)

Expert1 - Expert 1 (1 Expert House Alderley Edge - Alderley E),

Submit Cancel

Blank client letter

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Court letter

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_FW_COURT_name }
{ MERGEFIELD ELPL_COURT_FW_COURT_address }

Dear Sirs

RE: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }**

Case No: **{ MERGEFIELD ELPL_COURT_FW_CASE_NO }**

Personal Injury Claim

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Defendant letter

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_RTA_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }
{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_CITY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" "{ MERGEFIELD EL_2_2_2_2_EL_HOUSENAME \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_HOUSENUMBER \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET1 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET2 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_DISTRICT \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_CITY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_COUNTY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_POSTCODE \f "" }" }

Dear { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "Sirs" }

Re: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME \f" "}{ MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME \f" "}{ MERGEFIELD

EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD
EL_2_2_2_2_EL_COMPANYNAME }" }
Personal Injury Claim

Yours **{** IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "sincerely" "faithfully" **}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Insurer letter

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM }

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME } { MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA }
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Medical Expert 1

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX1_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX1_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Medical Expert 2

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX2_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX2_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Medical Expert 3

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX3_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX3_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Medical Expert 3

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX4_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX4_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client confirm Claim Form lodged

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I am pleased to confirm that I have today filed your application with the Court. I will be in contact with you again as soon as I have received confirmation from the Court that the application has been issued.

In the meantime, if you have any questions please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client confirm LoC sent to Insurer

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I can confirm that I have now sent a copy of the Letter of Claim to the Defendant's Insurer. They are required to conclude their investigations into the matter and provide their response within the next three months. I shall of course keep you updated.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client confirm Part 36 sent to

Respondent

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I write to confirm that I have today forwarded your Part 36 Offer to the Respondent. As soon as I have received a response I shall notify you.

If you have any queries in the meantime please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Claim for approval

(template)

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Claim Form for your approval.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Defence

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Defence which I have received from the Defendant.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Expert Report

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I am pleased to confirm that I have now received the Medical Expert's Report, a copy of which is enclosed.

I wish to point out the following to you:

If you have any queries, please do not hesitate to let me know.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Issued Claim Form

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Claim Form for your approval.

I wish to draw your attention to the following:

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. LoC for approval

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed a copy of the Letter of Claim which I have drafted for your approval, prior to sending to the Defendant.

I should be grateful if you would please confirm you approve the letter in the next few days.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Part 36 Offer for

approval

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

As per your instructions, I have now prepared your Part 36 Offer letter, a copy of which is enclosed. I should be grateful if you would read it carefully.

I wish to draw your attention to the following points:

Please confirm your approval of the letter as soon as possible so I may forward it to the Respondent.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client enc. Schedule of Losses

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Schedule of Past and Future Losses for your consideration. I should be grateful if you would please approve this document as soon as possible so I may forward it to the Defendant's insurers.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Court enc. application for default

judgment

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_FW_COURT_name }
{ MERGEFIELD ELPL_COURT_FW_COURT_address }

Dear Sirs

RE: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }**

Case No: **{ MERGEFIELD ELPL_COURT_FW_CASE_NO }**

Personal Injury Claim

Please find enclosed application for Default Judgment. We enclose the following:

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Court enc. Claim Form

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_FW_COURT_name }
{ MERGEFIELD ELPL_COURT_FW_COURT_address }

Dear Sirs

RE: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }**
Personal Injury Claim

We enclose the following application:

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Form N225

Request for judgment and reply to admission (specified amount)

Complete section A or B.
If you complete section A you must also confirm, where applicable, that particulars of claim have been served in accordance with the rules.

In all cases you must complete sections C and D.
If the defendant has given an address on the form of admission to which correspondence should be sent, which is different from the address shown on the claim form, you must tell the court.

Remember to sign and date the form. Your signature certifies that the information you have given is correct.

In the { MERGEFIELD ELPL_COURT_FW_COURT_name }	
Claim No.	{ MERGEFIELD ELPL_COURT_FW_CASE_NO }
Claimant (including ref)	{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
Defendant (including ref)	{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }

A { FORMCHECKBOX }

The defendant has not filed an admission or defence to my claim

{ FORMCHECKBOX }

I confirm that particulars of claim have been served on the defendant in accordance with the rules.

Now complete section C and all the judgment details at section D. Decide how and when you want the defendant to pay. You can ask for the judgment to be paid by instalments or in one payment.

B { FORMCHECKB

The defendant admits that all the money is owed

C **Defendant's date of birth**

{ FORMCHECKBOX }

Defendant's date of birth is not stated in the form of reply but is known to the claimant as:

{ FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }

{ FORMCHECKBOX }

Defendant's date of birth is not stated in the form of reply and is not known to the claimant.

D **Judgment details**

I would like the defendant to be ordered to pay:

{ FORMCHECKBO

Immediately

{ FORMCHECKBOX }

Tick only **one** box below and complete section C and all the judgment details at section D.

{ FORMCHECKBOX } **I accept the defendant's proposal for payment**
Say how the defendant intends to pay. The court will send the defendant an order to pay. You will also be sent a copy.

{ FORMCHECKBOX } **The defendant has not made any proposal for payment**
Say how you want the defendant to pay. You can ask for the judgment to be paid by instalments or in one payment. The court will send the defendant an order to pay. You will also be sent a copy.

{ FORMCHECKBOX } **I do NOT accept the defendant's proposal for payment**
Say how you want the defendant to pay. Give your reasons for objecting to the defendant's offer of payment on the back of this form. Send this form to the court **with defendant's admission N9A.** The court will fix a rate of payment and send the defendant an order to pay. You will also be sent a copy.

{ FORMCHECKBOX } by instalments of £{ FORMTEXT } per month

{ FORMCHECKBOX } in full by { FORMTEXT }{ FORMTEXT } / { FORMTEXT }{ FORMTEXT } / { FORMTEXT }{ FORMTEXT }{ FORMTEXT }{ FORMTEXT }

Amount of claim as admitted	{ FORMTEXT }
(including interest at date of issue)	{ FORMTEXT }
Interest since date of claim (if any)	{ FORMTEXT }
Period from { FORMTEXT } to { FORMTEXT }	{ FORMTEXT }
Rate { FORMTEXT }%	{ FORMTEXT }
Court fees shown on claim	{ FORMTEXT }
Legal Representative's costs (if any) on issuing claim	{ FORMTEXT }
Sub Total	{ FORMTEXT }
Legal Representative's costs (if any) on entering judgment	{ FORMTEXT }
Sub Total	{ FORMTEXT }
Deduct amount (if any) paid since issue	{ FORMTEXT }
Amount payable by defendant	{ FORMTEXT }

I certify that the information given is correct.

Signed | (Claimant) (Claimant's solicitor) (Litigation friend)

Position or office held { FORMTEXT } (if signing on behalf of firm or company)

Date { FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }

Please return the completed form to the court.

Please address forms or letters to the Operational Delivery Manager and quote the claim number.

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Form N244

N244

Application notice

For help in completing this form please read the notes for guidance form N244Notes.

Name of court { **MERGEFIELD ELPL_COURT_FW_COURT_name** }	**Claim no.** { MERGEFIELD ELPL_COURT_FW_CASE_NO }
Fee Account no. (if applicable)	**Help with Fees – Ref no.** (if applicable)
{ FORMTEXT }	**H W F** – { FORMTEXT } { FORMTEXT } { FORMTEXT } – { FORMTEXT } { FORMTEXT } { FORMTEXT }
Warrant no. (if applicable)	{ FORMTEXT }
Claimant's name (including ref.) { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }	
Defendant's name (including ref.) { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }	
Date	

1. What is your name or, if you are a legal representative, the name of your firm?

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }

2. Are you a { FORMCHECKBOX } Claimant { FORMCHECKBOX } Defendant { FORMCHECKBOX } Legal Representative { FORMCHECKBOX } Other *(please specify)*

{ FORMTEXT }

If you are a solicitor whom do you represent? { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } (Claimant)

3. What order are you asking the court to make and why?

4. Have you attached a draft of the order you are applying for? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

5. How do you want to have this application dealt with? { FORMCHECKBOX } at a hearing { FORMCHECKBOX } without a hearing

{ FORMCHECKBOX } at a telephone hearing

6. How long do you think the hearing will last? { FORMTEXT } Hours { FORMTEXT } Minutes

Is this time estimate agreed by all parties? { FORMCHECKBOX } No

FORMCHECKBO
X **}** Yes

7. Give details of any fixed trial date or period	**{** FORMTEXT **}**
8. What level of Judge does your hearing need?	**{** FORMTEXT **}**
9. Who should be served with this application?	**{** FORMTEXT **}**
9a. Please give the service address, (other than details of the claimant or defendant) of any party named in question 9.	**{** FORMTEXT **}**

10. What information will you be relying on, in support of your application?

{ FORMCHECKBOX **}** the attached witness statement

{ FORMCHECKBOX **}** the statement of case

{ FORMCHECKBOX **}** the evidence set out in the box below

If necessary, please continue on a separate sheet.

Statement of Truth

(I believe) (The applicant believes) that the facts stated in this section (and any continuation sheets) are true.

Signed _____ Dated **{** FORMTEXT **}**
Applicant('s legal representative)('s litigation friend)

Full name

Name of applicant's legal representative's firm

Position or office held **{** FORMTEXT **}**
(if signing on behalf of firm or company)

11.Signature and address details

Signed _____ Dated **{** FORMTEXT **}**
Applicant('s legal representative)('s litigation friend)

Position or office held **{** FORMTEXT **}**
(if signing on behalf of firm or company)

Applicant's address to which documents about this application should be sent.

Postcode **{** FORMTEXT **}**

If applicable	
Phone no.	**{** FORMTEXT **}**
Fax no.	**{** FORMTEXT **}**
DX no.	**{** FORMTEXT **}**
Ref no.	**{** FORMTEXT **}**

E-mail address	**{** FORMTEXT **}**

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Insurer enc. disclosure request

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM }

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME } { MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA }
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We should be grateful if you would provide us with the following disclosure:
1.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Insurer enc. Expert Report

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"**}**

Our Ref: **{** MERGEFIELD MATTER_FEE_EARNER_ID **}/{** MERGEFIELD client_no **}/{** MERGEFIELD matter_no **}**

Your Ref: **{** MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM **}**

{ QUOTE **{** DATE \@ "d MMMM yyyy"**} }**

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME **} {** MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA **}**
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS **}**

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Medical Expert Report. We should be grateful if you would acknowledge safe receipt.

Please direct any questions to the Medical Expert within the usual 28 days.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Insurer enc. Letter of Claim

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM }

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME } { MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA }
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed copy Letter of Claim sent to the Defendant.

We should be grateful if you would please acknowledge receipt of this letter as soon as possible, and provide your response within three months of the date of this letter.

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Insurer enc. list of Medical Experts

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM }

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME } { MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA }
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We wish to propose the following experts:

(list experts)

We should be grateful if you would confirm your approval as soon as possible to enable us to prepare the Letter(s) of Instruction.

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Insurer enc. Schedule of Losses

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD EL_5_1_2_1_EL_REFERENCENUM }

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD EL_5_1_2_1_EL_CONTACTNAME } { MERGEFIELD EL_5_1_2_1_EL_CONTACTSURNA }
{ MERGEFIELD EL_5_1_2_1_EL_EMAILADDRESS }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed Schedule of Past and Future Losses for your consideration.

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Claim

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_RTA_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }
{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_CITY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" "{ MERGEFIELD EL_2_2_2_2_EL_HOUSENAME \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_HOUSENUMBER \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET1 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET2 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_DISTRICT \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_CITY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_COUNTY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_POSTCODE \f "" }" }

Dear { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "Sirs" }

Re: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME \f" "}{ MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME \f" "}{ MERGEFIELD

EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD
EL_2_2_2_2_EL_COMPANYNAME }" }
Personal Injury Claim

We are instructed by the above named to claim damages in connection with an **accident at work/tripping accident** on day of **(year)** at **(place of accident which must be sufficiently detailed to establish location).**

Please confirm the identity of your insurers. Please note that the insurers will need to see this letter as soon as possible and it may affect your insurance cover and/or the conduct of any subsequent legal proceedings if you do not send this letter to them.

The circumstances of the accident are:
(brief outline)

Liability
The reason why we are alleging fault is:
(simple explanation e.g. defective machine, broken ground)

We are obtaining a police report and will let you have a copy of the same upon your undertaking to meet half the fee.

Injuries
A description of our clients' injuries is as follows:
(brief outline) The description should include a non-exhaustive list of the main functional effects on daily living, so that the defendant can begin to assess value / rehabilitation needs.
Our client is still suffering from the effects of his/her injury. We invite you to participate with us in addressing his/her immediate needs by use of rehabilitation.

Loss of Earnings
He/She is employed as **(occupation)** and has had the following time off work
(dates of absence). His/Her approximate weekly income is (insert if known).

If you are our client's employers, please provide us with the usual earnings details which will enable us to calculate his financial loss.

Other Financial Losses
We are also aware of the following (likely) financial losses:

Details of the insurer
We have also sent a letter of claim to **(name and address)** and a copy of that letter is attached. We understand their insurers are **(name, address and claims number if known)**.

At this stage of our enquiries we would expect the documents contained in parts **(insert appropriate parts of standard disclosure list)** to be relevant to this action.

A copy of this letter is attached for you to send to your insurers. Finally we expect an acknowledgment of this letter within 21 days by yourselves or your insurers.

Yours **{** IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "sincerely" "faithfully" **}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 1

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX1_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX1_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

1. Hospital Records
2. GP records
3. Statement of Events

We have not obtained [ ] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records

direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: “I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer”.

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within _____ weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 2

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX2_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX2_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

1. Hospital Records
2. GP records
3. Statement of Events

We have not obtained [ ] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

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direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: “I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer”.

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We look forward to receiving your report within _____ weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 3

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX3_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX3_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

1. Hospital Records
2. GP records
3. Statement of Events

We have not obtained [ ] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

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direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: “I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer”.

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within _____ weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction - Medical

Expert 4

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD ELPL_COURT_EL_MEDEX4_name }
{ MERGEFIELD ELPL_COURT_EL_MEDEX4_address }

Dear Sirs

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

We are acting for the above named Applicant in connection with injuries received in an accident which occurred on the above date. A summary of the main facts of the accident circumstances is provided below.

The main injuries appear to have been (*describe main injuries and functional impact on day to day living as in Letter of Claim*).

In order to assist with the preparation of your report we have enclosed the following documents:

Enclosures

1. Hospital Records
2. GP records
3. Statement of Events

We have not obtained [ ] records yet but will use our best endeavours to obtain these without delay if you request them.

We should be obliged if you would examine our Client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis.

It is central to our assessment of the extent of our Client's injuries to establish the extent and duration of any continuing disability. Accordingly, in the prognosis section we would ask you to specifically comment on any areas of continuing complaint or disability or impact on daily living. If there is such continuing disability you should comment upon the level of suffering or inconvenience caused and, if you are able, give your view as to when or if the complaint or disability is likely to resolve.

If our client requires further treatment, please can you advise of the cost on a private patient basis.

Please send our Client an appointment direct for this purpose. Should you be able to offer a cancellation appointment please contact our Client direct. We confirm we will be responsible for your reasonable fees.

We are obtaining the notes and records from our Client's GP and Hospitals attended and will forward them to you when they are to hand/or please request the GP and Hospital records

direct and advise that any invoice for the provision of these records should be forwarded to us.

In order to comply with Court Rules we would be grateful if you would insert above your signature, the following statement: “I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer”.

In order to avoid further correspondence we can confirm that on the evidence we have there is no reason to suspect we may be pursuing a claim against the hospital or its staff.

We look forward to receiving your report within _____ weeks. If you will not be able to prepare your report within this period please telephone us upon receipt of these instructions.

When acknowledging these instructions it would assist if you could give an estimate as to the likely time scale for the provision of your report and also an indication as to your fee.

Yours faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N1 Claim Form

Claim Form

In the	
Fee Account no.	
Help with Fees - Ref no. (if applicable)	**H W F –** { FORMTEXT } { FORMTEXT } { FORMTEXT } **–** { FORMTEXT } { FORMTEXT } { FORMTEXT }
	For court use only
Claim No.	
Issue date	

You may be able to issue your claim online which may save time and money. Go to www.moneyclaim.gov.uk to find out more.

Claimant(s) name(s) and address(es) including postcode

{ MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
{ MERGEFIELD CALCULATION_ADDRESS **}**

SEAL.

Defendant(s) name and address(es) including postcode

{ IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "**{** MERGEFIELD EL_2_2_2_1_EL_NAME **} {** MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME **} {** MERGEFIELD EL_2_2_2_1_EL_SURNAME **}** of **{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE **}**" "**{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}** of **{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_POSTCODE **}**" **}**

Brief details of claim

Value

You must indicate your preferred court for hearings here *(see notes for guidance)*

{ MERGEFIELD ELPL_COURT_FW_COURT_name **}**

Defendant's name and address for service including postcode	**{** IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "**{** MERGEFIELD EL_2_2_2_1_EL_NAME **} {** MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME **} {** MERGEFIELD EL_2_2_2_1_EL_SURNAME **}** of **{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE **}**" "**{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}** of **{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_POSTCODE **}" }**

£

Amount claimed	**{** FORMTEXT **}**
Court fee	**{** FORMTEXT **}**
Legal representative's costs	**{** FORMTEXT **}**
Total amount	**{** FORMTEXT **}**

For further details of the courts www.gov.uk/find-court-tribunal.
When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

Claim No.	**{** FORMTEXT **}**

Does, or will, your claim include any issues under the Human Rights Act 1998? **{** FORMCHECKBOX **}**
Yes **{** FORMCHECKBOX **}** No

Particulars of Claim (Attached) (To follow)

{ FORMTEXT **}**

Statement of Truth

I understand that proceedings for contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

{ FORMCHECKBOX **}** I believe that the facts stated in this particulars of claim are true.

{ FORMCHECKBOX **}** The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.

Signature

{ FORMCHECKBOX **}** Claimant

{ FORMCHECKBOX **}** Litigation friend (where judgment creditor is a child or a patient)

{ FORMCHECKBOX **}** Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day Month Year

Full name

Name of claimant's legal representative's firm

{ MERGEFIELD

If signing on behalf of firm or company give position or office held

Claimant’s or claimant’s legal representative’s address to which documents should be sent.

Building and street

{ MERGEFIELD BRANCHINFO_HOUSE }

Second line of address

{ MERGEFIELD BRANCHINFO_AREA }

Town or city

{ MERGEFIELD

County (optional)

{ MERGEFIELD

Postcode

{ MERGEFIELD

If applicable

Phone number

{ MERGEFIELD

Fax phone number

{ MERGEFIELD

DX number

{ MERGEFIELD BRANCHINFO_DX_NO }

Your ref.

{ MERGEFIELD

Email

{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

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N208 Form

Claim Form (CPR Part 8)

In the	
Claim No.	**{** FORMTEXT **}**
Fee Account no.	**{** FORMTEXT **}**
Help with Fees - Ref no. (if applicable)	**H W F – { FORMTEXT } { FORMTEXT } { FORMTEXT } – { FORMTEXT } { FORMTEXT } { FORMTEXT }**

Claimant

{ MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
{ MERGEFIELD CALCULATION_ADDRESS **}**

SEAL.

Defendant(s)

{ IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "**{** MERGEFIELD EL_2_2_2_1_EL_NAME **} {** MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME **} {** MERGEFIELD EL_2_2_2_1_EL_SURNAME **}** of **{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE **}**" "**{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}** of **{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENAM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENUM \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET1 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_STREET2 \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_DISTRICT \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_CITY \f", " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_COUNTY \f" " **}{** MERGEFIELD EL_2_2_2_2_EL_ADD_POSTCODE **}**" **}**

Does your claim include any issues under the Human Rights Act 1998? { FORMCHECKBOX } Yes
{ FORMCHECKBOX } No

Details of claim *(see also overleaf)*

{ FORMTEXT }

				£
Defendant's name and address	{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME } of { MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_CITY \f", " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY \f" " }{ MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME } of { MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENAM \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_HOUSENUM \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_STREET1 \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_STREET2 \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_DISTRICT \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_CITY \f", " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_COUNTY \f" " }{ MERGEFIELD EL_2_2_2_2_EL_ADD_POSTCODE }" }		Court fee	{ FORMTEXT }
			Legal representative's costs	{ FORMTEXT }
			Issue date	{ FORMTEXT }

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When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

	Claim No.	**{** FORMTEXT **}**

Details of claim *(continued)*

{ FORMTEXT **}**

	Claimant's or claimant's legal representative's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.

Statement of Truth

I understand that proceedings for contempt of Court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

{ FORMCHECKBOX **}** I believe that the facts stated in this particulars of claim are true.

{ FORMCHECKBOX **}** The Claimant believes that the facts stated this particulars of claim are true. I am authorised by the claimant to sign this statement.

Signature

{ FORMCHECKBOX **}** Claimant

{ FORMCHECKBOX **}** Litigation friend (where claimant is a child or a Protected Party)

{ FORMCHECKBOX **}** Claimant's legal representative (as defined by CPR 2.3(1))

Date

Day Month Year

Full name

Name of claimant's legal representative's firm

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

If signing on behalf of firm or company give position or office held

Find out how HM Courts and Tribunals Service uses personal information you give them when you fill in a form: https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter

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Part 36 Offer Letter

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_RTA_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }
{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENAM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_HOUSENUM }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET1 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_STREET2 }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_DISTRICT }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_CITY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_COUNTY }
{ MERGEFIELD EL_2_2_2_1_EL_ADD_POSTCODE }" "{ MERGEFIELD EL_2_2_2_2_EL_HOUSENAME \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_HOUSENUMBER \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET1 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_STREET2 \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_DISTRICT \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_CITY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_COUNTY \f "" }
{ MERGEFIELD EL_2_2_2_2_EL_POSTCODE \f "" }" }

Dear { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "1 = Mr" "Mr { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "2 = Mrs" "Mrs { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "3 = Ms" "Ms { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "4 = Miss" "Miss { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ IF { MERGEFIELD EL_2_2_2_1_EL_TITLETYPE } = "Please Select" "{ MERGEFIELD EL_2_2_2_1_EL_OTHERTITLE }" "Please select a title" }" }" }" }" }" "Sirs" }

Re: { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME \f" "}{ MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME \f" "}{ MERGEFIELD

EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD
EL_2_2_2_2_EL_COMPANYNAME }" }
Personal Injury Claim

Our client has instructed us to put forward a Part 36 Offer. For the avoidance of doubt, we are making this offer under Part 36 of the Civil Procedure Rules ("the Offer").

ENTER OFFER DETAILS HERE

We look forward to hearing from you as soon as possible.

Yours **{** IF **{** MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME **}**= "" "sincerely" "faithfully" **}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Particulars of Claim

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

CLAIMANT

v

{ IF { MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }= "" "{ MERGEFIELD EL_2_2_2_1_EL_NAME } { MERGEFIELD EL_2_2_2_1_EL_MIDDLENAME } { MERGEFIELD EL_2_2_2_1_EL_SURNAME }" "{ MERGEFIELD EL_2_2_2_2_EL_COMPANYNAME }" }

DEFENDANT

PARTICULARS OF CLAIM

Statement of Truth

[I believe OR The Claimant believes**]** that the facts stated in these Particulars of Claim are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

[I am duly authorised by the Claimant to sign this Statement.**]**

Full name [*name*]

[Name of Claimant's legal representative's firm [*name*]**]**

[*signature*]

[Claimant OR Claimant's Legal Representative OR Claimant's Litigation Friend**]**

[Position or office held**]**

Schedule of PastFuture Losses

Schedule of Past and Future Losses

Claimant: **{** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**
Date of Birth: **{** MERGEFIELD EL_2_2_3_1_EL_DATEOFBIRTH **}**

Introduction

Loss of Earnings

Past Loss of Earnings

Future Loss of Earnings

Loss of Pension

Value of Care and Assistance

Value of Past Care and Assistance

Value of Lost Services

Treatment Costs

Future Treatment Costs

Travel and Miscellaneous Expenses

Statement of Truth

[I believe][The Claimant believes] that the facts stated in this Schedule are true.

[I understand] [The Claimant understands] that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth.

[I am duly authorised by the Claimant to sign this statement]

Full name: [**{** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**] [**{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**]

Signed: ……

[Claimant] [Claimant's Solicitor]

Date: ……

Send Part 36 to client for approval

{INCLUDETEXT "C:\\Users\\NeilB\\OneDrive - PRACCTICE LTD\\Documents\\OspreyOfficeGateway\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ QUOTE { DATE \@ "d MMMM yyyy"} }

{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }

Dear { MERGEFIELD ELPL_COURT_FW_CLI_SALUT }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

I have received a Part 36 Offer from the Respondent, a copy of which is enclosed.

I wish to point out the following:

I look forward to hearing from you.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }