Osprey Approach: Make Part 36 Offer

This help guide was last updated on
Apr 11th, 2023

The latest version is always online at
https://support.ospreyapproach.com/?p=45338

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Osprey™ Approach

ALLOCATE A CUSTOM QUESTIONNAIRE

PART 36 OFFER DEFENDANTS 1

Date Part 36 Offer Sent to Defendant 1

Select a date

Date Part 36 Offer Expires Defendant 1

Select a date

Submit Cancel

Blank Letter to Client

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

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" }
{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }"

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 2

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

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

{ MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE } { MERGEFIELD FW_CN_WITNESS2_FWWIT2INTS } { MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME }
{ MERGEFIELD FW_CN_WITNESS2_FWWIT2ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE } { MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 5

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

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

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

{ MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE } { MERGEFIELD FW_CN_WITNESS5_FWWIT5INTS } { MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME }
{ MERGEFIELD FW_CN_WITNESS5_FWWIT5ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE } { MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 3

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

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

{ MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE } { MERGEFIELD FW_CN_WITNESS3_FWWIT3INTS } { MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME }
{ MERGEFIELD FW_CN_WITNESS3_FWWIT3ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE } { MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 6

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

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

{ MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6INTS } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }
{ MERGEFIELD FW_CN_WITNESS6_FWWIT6ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 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 }

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

{ MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4INTS } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }
{ MERGEFIELD FW_CN_WITNESS4_FWWIT4ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Witness 1

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

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

{ MERGEFIELD FW_CN_WITNESS1_FWWIT1TITLE } { MERGEFIELD FW_CN_WITNESS1_FWWIT1INTS } { MERGEFIELD FW_CN_WITNESS1_FWWIT1SURNAME }
{ MERGEFIELD FW_CN_WITNESS1_FWWIT1ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS1_FWWIT1TITLE } { MERGEFIELD FW_CN_WITNESS1_FWWIT1SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

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

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

{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_initials } { MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname }
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_ORG_name }
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_ORG_address }

Dear { IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname }= "" "Sirs" "{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname }" }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

{ IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname }= "" "Yours Faithfully" "Yours Sincerely" }

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to GP

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

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

The Practice Manager
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_address }

Dear Sirs

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to NHS Resolution

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

Your Ref: { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_REF }

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

{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_initials } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname \f" "}
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_name }
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_address }

Dear { IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Sirs" "{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname }"}

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }

{ IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Yours Faithfully" " Yours Sincerely"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Expert 1

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Defendant 1

Solicitor

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }
Your Ref: { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_RF }

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Expert 2

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Expert 3

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Expert 4

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Court

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

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

{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_address }

Dear Sirs

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**
Hearing Date:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_D }**
Hearing Time:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_T }**

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Counsel

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

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

{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_title } { MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_initials } { MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname }
{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_ORG_name }
{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_ORG_address }

Dear { IF { MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname } = "" "Sirs" "{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_title } { MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname }" }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

Yours { IF { MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname } = "" "Faithfully" "Sincerely" }

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Blank Letter to Defendant 1

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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

BMA Law Society Consent Form

BMA/The Law Society consent form

Consent form (Releasing health records under the General Data Protection Regulation and the Data Protection Act 2018)

Your health records

Your health records typically contain information from almost all consultations and contacts you have had with health professionals in the practice and information sent to the practice about you from others, such as hospital letters.

The information they contain usually includes:

- why you saw a health professional;
- details of clinical findings and diagnoses, investigations, tests and scans;
- any options or recommendations for care and treatment the health professional discussed with you;
- the decisions made about your care and treatment, including evidence that you agreed; and
- details of actions health professionals have taken and the outcomes.

Why your records are needed and what may happen to them

If you are making, or considering making, a legal claim for compensation related to an injury to your health, your solicitor will likely need to see copies of all your GP records. They will also need any hospital records made in connection with the incident and others that may be relevant. This is to enable the solicitor to understand the incident and your injury and give you legal advice on the merits and value of your claim.

If you decide to go ahead with your claim, your solicitor may advise that it is sensible (or that it may be necessary) to give copies of your records to:

- the expert whom your solicitor or agent instructs to produce a medical report as evidence for the case;
- the insurance company for the person or body you are making a claim against;
- the person or the body you are making a claim against and/or their solicitors;
- any insurance company or other organisation paying or providing an indemnity for your legal costs; and
- any other person (such as a barrister) or body (such as the court) officially involved with the claim.

Once you start your claim, the court can order you to give copies of your health records to the solicitor of the person you are making a claim against so he or she can see if any of the information in your records can be used to defend his or her client. The solicitor of the person or body you are making the claim against will likely show your records to their client in the normal course of advising them and may show them to others too (such as a barrister or medical expert). If the person you are making the claim against does not have a legal representative the court can order you to give copies to them directly.

You do not have to give permission for your health records to be obtained and disclosed in your case but if you don't, it is unlikely that your claim will be able to proceed if the medical records are crucial evidence in your claim. The court may not let you go ahead with your claim and your solicitor may be unable to continue to represent you.

If there is very sensitive information in the records that is not connected to the claim you should tell your solicitor. They will then consider whether this information may be relevant and needs to be disclosed in the case. Your solicitor can advise you on this and if appropriate may advise you to discuss the matter with your medical practitioner.

Important

By signing this form, you are agreeing to the health professional, hospital and others named on this form releasing copies of your health records to your solicitor or agent. During the process your records may be seen by people who are not health professionals, but they will keep the information confidential.

Part a – your details and those of your health professionals and your solicitors or agents

Your full name (and any other names by which you have been known):	
Your address:	
Date of birth:	
NHS number (if known):	
Hospital number (if known):	
Date of incident:	
Solicitor's or agent's name and address:	
GP's name and address (and phone number if known):	
Ambulance Service used (if any):	
Name (and address if known) of the hospital(s) you attended in relation to this incident:	
If you have seen any other person or organisation about your injuries (for example, a physiotherapist) or have had any investigations (for example, X-rays):	

Part b – your declaration and signature

I have read this form and fully understand the contents

To health professionals
I understand that filling in and signing this form gives you permission to give copies of all my health records including complete GP records, and any hospital records relating to this incident, to my solicitor or agent whose details are given below.

Please give my solicitor or agent copies of my health records, in line with the Data Protection Act 2018, within 30 days.

Your signature: Date

Part c – your solicitor's or agent's declaration and signature

Before you ask your client to fill in and sign this form you should ask your client to read the notes above. You should explain that signing this form will permit release of his or her complete health records and how the information in them may be used. You should explain that this form only applies to the release of the medical record to you and that separate consent will be obtained for any onward disclosures which are required.

If your client is not capable of giving his or her permission in this form, it may be possible for someone to give consent and sign it on their behalf, for example:

- your client's litigation friend;
- someone who has enduring/lasting power of attorney to act for your client; or
- your client's deputy appointed by the Court of Protection.

You must only use health records for specific purposes that your client has agreed to in advance.

Under the General Data Protection Regulation and Data Protection Act 2018 you have responsibilities relating to sensitive information. The entire health record should not be revealed without the client's permission and you should not keep health records for any longer than is necessary for agreed-to purposes. You should return copies of health records to the client at the end of the claim if they want them. If they do not want them, you will be responsible for confidentially destroying them.

To health professionals
I have told my client the implications of giving me access to his or her health records. I confirm that I need the full records in this case.

Solicitor's or agent's signature:		Date	

Notes for the medical records controller

This form shows your patient's permission for you to give copies of his or her complete record, and any hospital and other records relating to this incident, to his or her solicitor or agent.

You must give the solicitor or agent copies of these health records unless any of the exemptions set out in Schedules 3 and 4 of the Data Protection Act 2018 apply. The main exemptions are that you must not release information that:

- is likely to cause serious physical or mental harm to the patient or another person; or
- relates to someone who would normally need to give their permission (where that person is not a health professional who has cared for the patient).

Your patient's permission for you to release information is valid only if that patient understands the consequences of his or her records being released, and how the information will be used. The solicitor or agent named on this form must explain these issues to the patient. If you have any doubt about whether this has happened, you should contact the solicitor or agent, or your patient.

This form does not contain a comprehensive statement of solicitors' or health professionals' obligations under the relevant data protection legislation. If you are in any doubt about your legal obligations, seek advice.

The BMA publishes detailed guidance for doctors on giving access to health records. You can view that guidance by visiting: **www.bma.org.uk/ethics.**

This form is published by the Law Society and British Medical Association. (3rd edition, October 2018).

BMA

The Law Society

Court – File Bundle

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

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

{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_address **}**

Dear Sirs

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**
Hearing Date:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_D }**
Hearing Time:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_T }**

Please find attached trial bundle for filing in the above claim.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 6 – enclose Draft

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6INTS } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }
{ MERGEFIELD FW_CN_WITNESS6_FWWIT6ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Please find enclosed a draft copy of your witness statement. I should be grateful if you would please read through it carefully and if approved, sign and date where indicated.

If, however, you wish to make any amendments to the statement please let me know as soon as possible so I can discuss these with you.

I look forward to hearing from you.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 6 – Prepare Witness

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6INTS } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }
{ MERGEFIELD FW_CN_WITNESS6_FWWIT6ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE } { MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME }

Re: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**

Court: **{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

I write further to our previous correspondence.

Thank you for agreeing to give evidence in the claim being brought by { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }. I understand that you are able to give evidence about [DETAILS OF INFORMATION OR EVENTS TO BE COVERED BY WITNESS STATEMENT].

I thought it would be useful if, at this stage, I set out the steps that will be taken to prepare your witness statement. I have also included some general advice on how to prepare to give your evidence and how to deal with cross-examination by the other side's representative.

Your witness statement

Early preparation of your statement will ensure that:

a) Your recollection is set down on paper while matters are as fresh in your mind and before they are subject to challenge;
b) You have a proper opportunity to think about the matters and/or events you are dealing with and your evidence is presented in a clear and logical fashion;
c) You have the chance to thoroughly consider any documents referred to in your statement;
d) The words used in the statement are your own, you are comfortable with what you have said, and you are not committed to say anything that you do not really mean; and
e) We can identify any areas of difficulty or concern at an early stage so that you can be properly prepared to deal with them at the hearing.

Preparing for the hearing

Once your statement has been finalised, in preparation for giving evidence at the hearing you should practise reading your statement slowly out loud a number of times. Doing this should avoid two situations that commonly make witnesses look foolish and damage their credibility:

a) A witness who reads out their statement in a faltering fashion suggests that the words they are reading are unfamiliar. The court may conclude that the words they are hearing are not their own; or
b) A witness contradicts their statement when they answer a question in cross-examination.

A witness who remains calm and sticks to their evidence is difficult for even a skilled cross-examiner to undermine.

Giving evidence at the hearing

When you are called to give evidence, you will be asked to take the oath. This will involve either swearing on a holy book or, if you are not religious, affirming. Our representative will then ask you to take the court through your account of what happened. They will ask questions as required. These questions will also enable you to get comfortable with the process of answering questions before the court.

Once our representative has finished asking you questions, the other party's representative will have the opportunity to cross-examine you. Since this is the part of giving evidence that most often worries witnesses, I have set out some advice below about how to give evidence effectively when being cross-examined.

After you have been cross-examined, our representative will be permitted to ask you further questions about matters that have come up during your cross-examination.

How to give evidence effectively

This is very simple: do what the oath requires of you. Tell the truth, the whole truth and nothing but the truth.

Dealing with possibilities

You should only tell the court things you know for a fact. The cross-examiner may ask you to speculate about whether it is possible that a particular event occurred. Contrary to what is commonly assumed, you cannot refuse to answer a question merely because it is hypothetical. The issues commonly dealt with by courts often involve the consideration of hypothetical matters.

If you are asked whether something was possible, unless you tell the court how likely you think it was they will be left guessing. Therefore, if you think that there was a slight possibility of that something happening or having happened, rather than saying that it was possible you should let the court know how likely it was. For example, you could say that it was possible but would have been very unlikely.

When you can't remember something

If you have no recollection of something you are asked about, don't be tempted to tell the court what you assume must have happened as if you know it for a matter of fact. You should say that you do not recall the particular matter in issue but think it likely that a particular scenario would have happened and explain why you think that to be the case. Be

honest or the cross-examiner will force you to admit you can't remember and you will look foolish for not having been honest in the first place.

Being asked for a yes or no answer

The most popular line of attack for a cross-examiner is the closed question. You will become familiar with the phrase "it's a yes or no answer". You probably won't agree.

The temptation when faced with an unreasonably restrictive question is to not answer it and instead to answer the question you think you should have been asked. However, this will make you appear evasive and unhelpful and will not endear you to the court. It is better to either answer yes or no, but to state that is not a complete answer and there are other things the court should know in order to be able to understand it. Then, the court will either let you expand your answer immediately or you will at least have brought your representative's attention to this issue as being one that you should be taken back to in re-examination.

Answer the question and avoid repetition

You should keep your answers to the questions that you are asked. You can undermine your credibility and the strength of your evidence if you take each question as an opportunity to repeat the same thing.

Dealing with the cross-examiner

Do not be tempted to argue with the cross-examiner. You will come across as being deliberately difficult and evasive, which courts hate. It is far better to stay calm and focus on dealing with the questions put to you.

If there are any matters of particular concern to you about either the evidence you are to give or that may be put to you in cross-examination you should let me know now.

So that we can start on the preparation of your statement I would be grateful if you could contact me to arrange a mutually convenient time for us to discuss.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 6 – Letter of Approach

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

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

{ MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE **} {** MERGEFIELD FW_CN_WITNESS6_FWWIT6INTS **} {** MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME **}**
{ MERGEFIELD FW_CN_WITNESS6_FWWIT6ADDRESS **}**

Dear **{** MERGEFIELD FW_CN_WITNESS6_FWWIT6TITLE **} {** MERGEFIELD FW_CN_WITNESS6_FWWIT6SURNAME **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}**

We act on behalf of **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**. We understand that you may be able to provide valuable information to the Court regarding a case of alleged negligence which took place on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**. If you are willing to provide information which may be helpful to the case, it may be necessary for a witness statement to be taken and, further, for you to appear in Court to give evidence.

Please can you telephone the above number to discuss the matter generally and make an appointment if necessary. If you do have to attend Court, it is possible to claim reasonable travel expenses and loss of earnings from the Court, but you should note that they may only pay a proportion of such costs.

If you are willing to be a witness in the case, please return the slip below in the stamped addressed envelope provided.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT }**

I, **{** MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" **}**, confirm that I am willing to be a witness in this case.

Signed……..

Dated……

Witness statement Pre-Action Disc

Witness statement of **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}** of **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Filed on behalf of the Applicant/Intended Claimant

Number of witness statement: 1

Date: [*insert date*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }.

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD LINKNAME_TITLE_1 **} {** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**

Applicant/Intended Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}**" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" **}**

Respondent/Intended Defendant

_____

WITNESS STATEMENT OF

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION * UPPER**}**

ON BEHALF OF THE APPLICANT / INTENDED CLAIMANT

_____

I, **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION * UPPER**}** of **{** MERGEFIELD PRACTICEINFO_HOUSE * UPPER**} {** MERGEFIELD "PRACTICEINFO_AREA" * UPPER**} {** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" * UPPER**} {** MERGEFIELD "PRACTICEINFO_COUNTY" * UPPER**} {** MERGEFIELD "PRACTICEINFO_POSTCODE" *UPPER**}** WILL SAY as follows:

1

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed.....

Dated.....

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }.

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD LINKNAME_TITLE_1 **} {** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}**

Applicant / Intended Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}**" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" **}**

Respondent / Intended Defendant

_____

WITNESS STATEMENT OF

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION * UPPER**}**

ON BEHALF OF THE APPLICANT / INTENDED CLAIMANT

_____

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

{ MERGEFIELD PRACTICEINFO_HOUSE **}**
{ MERGEFIELD "PRACTICEINFO_AREA" **}**
{ MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" **}**
{ MERGEFIELD "PRACTICEINFO_COUNTY" **}**
{ MERGEFIELD "PRACTICEINFO_POSTCODE" **}**

{ MERGEFIELD MATTER_FEE_EARNER_ID **}\{**
MERGEFIELD client_no **}\{** MERGEFIELD
matter_no **}**

Witness 4 – Prepare Witness

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4INTS } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }
{ MERGEFIELD FW_CN_WITNESS4_FWWIT4ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }

Re: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court: **{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

I write further to our previous correspondence.

Thank you for agreeing to give evidence in the claim being brought by { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }. I understand that you are able to give evidence about [DETAILS OF INFORMATION OR EVENTS TO BE COVERED BY WITNESS STATEMENT].

I thought it would be useful if, at this stage, I set out the steps that will be taken to prepare your witness statement. I have also included some general advice on how to prepare to give your evidence and how to deal with cross-examination by the other side's representative.

Your witness statement

Early preparation of your statement will ensure that:

a) Your recollection is set down on paper while matters are as fresh in your mind and before they are subject to challenge;
b) You have a proper opportunity to think about the matters and/or events you are dealing with and your evidence is presented in a clear and logical fashion;
c) You have the chance to thoroughly consider any documents referred to in your statement;
d) The words used in the statement are your own, you are comfortable with what you have said, and you are not committed to say anything that you do not really mean; and
e) We can identify any areas of difficulty or concern at an early stage so that you can be properly prepared to deal with them at the hearing.

Preparing for the hearing

Once your statement has been finalised, in preparation for giving evidence at the hearing you should practise reading your statement slowly out loud a number of times. Doing this should avoid two situations that commonly make witnesses look foolish and damage their credibility:

a) A witness who reads out their statement in a faltering fashion suggests that the words they are reading are unfamiliar. The court may conclude that the words they are hearing are not their own; or
b) A witness contradicts their statement when they answer a question in cross-examination.

A witness who remains calm and sticks to their evidence is difficult for even a skilled cross-examiner to undermine.

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When you are called to give evidence, you will be asked to take the oath. This will involve either swearing on a holy book or, if you are not religious, affirming. Our representative will then ask you to take the court through your account of what happened. They will ask questions as required. These questions will also enable you to get comfortable with the process of answering questions before the court.

Once our representative has finished asking you questions, the other party's representative will have the opportunity to cross-examine you. Since this is the part of giving evidence that most often worries witnesses, I have set out some advice below about how to give evidence effectively when being cross-examined.

After you have been cross-examined, our representative will be permitted to ask you further questions about matters that have come up during your cross-examination.

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This is very simple: do what the oath requires of you. Tell the truth, the whole truth and nothing but the truth.

Dealing with possibilities

You should only tell the court things you know for a fact. The cross-examiner may ask you to speculate about whether it is possible that a particular event occurred. Contrary to what is commonly assumed, you cannot refuse to answer a question merely because it is hypothetical. The issues commonly dealt with by courts often involve the consideration of hypothetical matters.

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honest or the cross-examiner will force you to admit you can't remember and you will look foolish for not having been honest in the first place.

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The temptation when faced with an unreasonably restrictive question is to not answer it and instead to answer the question you think you should have been asked. However, this will make you appear evasive and unhelpful and will not endear you to the court. It is better to either answer yes or no, but to state that is not a complete answer and there are other things the court should know in order to be able to understand it. Then, the court will either let you expand your answer immediately or you will at least have brought your representative's attention to this issue as being one that you should be taken back to in re-examination.

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You should keep your answers to the questions that you are asked. You can undermine your credibility and the strength of your evidence if you take each question as an opportunity to repeat the same thing.

Dealing with the cross-examiner

Do not be tempted to argue with the cross-examiner. You will come across as being deliberately difficult and evasive, which courts hate. It is far better to stay calm and focus on dealing with the questions put to you.

If there are any matters of particular concern to you about either the evidence you are to give or that may be put to you in cross-examination you should let me know now.

So that we can start on the preparation of your statement I would be grateful if you could contact me to arrange a mutually convenient time for us to discuss.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 5 – enclose Draft

Statement

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

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

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

{ MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE } { MERGEFIELD FW_CN_WITNESS5_FWWIT5INTS } { MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME }
{ MERGEFIELD FW_CN_WITNESS5_FWWIT5ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE } { MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME }

Re: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**

Court: **{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Please find enclosed a draft copy of your witness statement. I should be grateful if you would please read through it carefully and if approved, sign and date where indicated.

If, however, you wish to make any amendments to the statement please let me know as soon as possible so I can discuss these with you.

I look forward to hearing from you.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 4 – Letter of Approach

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

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

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

{ MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE **} {** MERGEFIELD FW_CN_WITNESS4_FWWIT4INTS **} {** MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME **}**
{ MERGEFIELD FW_CN_WITNESS4_FWWIT4ADDRESS **}**

Dear **{** MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE **} {** MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}**

We act on behalf of **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**. We understand that you may be able to provide valuable information to the Court regarding a case of alleged negligence which took place on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**. If you are willing to provide information which may be helpful to the case, it may be necessary for a witness statement to be taken and, further, for you to appear in Court to give evidence.

Please can you telephone the above number to discuss the matter generally and make an appointment if necessary. If you do have to attend Court, it is possible to claim reasonable travel expenses and loss of earnings from the Court, but you should note that they may only pay a proportion of such costs.

If you are willing to be a witness in the case, please return the slip below in the stamped addressed envelope provided.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT }**

I, **{** MERGEFIELD FW_CN_WITNESS4_FWWIT4FORENAME **} {** MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME **}**, confirm that I am willing to be a witness in this case.

Signed……..

Dated……

Witness 5 – Letter of Approach

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

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

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

{ MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE **} {** MERGEFIELD FW_CN_WITNESS5_FWWIT5INTS **} {** MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME **}**
{ MERGEFIELD FW_CN_WITNESS5_FWWIT5ADDRESS **}**

Dear **{** MERGEFIELD FW_CN_WITNESS5_FWWIT5TITLE **} {** MERGEFIELD FW_CN_WITNESS5_FWWIT5SURNAME **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}**

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{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
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I, **{** MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" **}**, confirm that I am willing to be a witness in this case.

Signed……..

Dated……

Witness 3 – Prepare Witness

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE } { MERGEFIELD FW_CN_WITNESS3_FWWIT3INTS } { MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME }
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Court: **{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

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{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
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Witness 3 – enclose Draft

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE } { MERGEFIELD FW_CN_WITNESS3_FWWIT3INTS } { MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME }
{ MERGEFIELD FW_CN_WITNESS3_FWWIT3ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE } { MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

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Witness 3 – Letter of Approach

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

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

{ MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE **} {** MERGEFIELD FW_CN_WITNESS3_FWWIT3INTS **} {** MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME **}**
{ MERGEFIELD FW_CN_WITNESS3_FWWIT3ADDRESS **}**

Dear **{** MERGEFIELD FW_CN_WITNESS3_FWWIT3TITLE **} {** MERGEFIELD FW_CN_WITNESS3_FWWIT3SURNAME **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}**

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{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT }**

I, **{** MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" **}**, confirm that I am willing to be a witness in this case.

Signed……..

Dated……

Witness 4 – enclose Draft

Statement

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

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

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

{ MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4INTS } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }
{ MERGEFIELD FW_CN_WITNESS4_FWWIT4ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS4_FWWIT4TITLE } { MERGEFIELD FW_CN_WITNESS4_FWWIT4SURNAME }

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
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Witness 1 – Prepare Witness

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS1_FWWIT1TITLE } { MERGEFIELD FW_CN_WITNESS1_FWWIT1INTS } { MERGEFIELD FW_CN_WITNESS1_FWWIT1SURNAME }
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Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
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Thank you for agreeing to give evidence in the claim being brought by { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }. I understand that you are able to give evidence about [DETAILS OF INFORMATION OR EVENTS TO BE COVERED BY WITNESS STATEMENT].

I thought it would be useful if, at this stage, I set out the steps that will be taken to prepare your witness statement. I have also included some general advice on how to prepare to give your evidence and how to deal with cross-examination by the other side's representative.

Your witness statement

Early preparation of your statement will ensure that:

a) Your recollection is set down on paper while matters are as fresh in your mind and before they are subject to challenge;
b) You have a proper opportunity to think about the matters and/or events you are dealing with and your evidence is presented in a clear and logical fashion;
c) You have the chance to thoroughly consider any documents referred to in your statement;
d) The words used in the statement are your own, you are comfortable with what you have said, and you are not committed to say anything that you do not really mean; and
e) We can identify any areas of difficulty or concern at an early stage so that you can be properly prepared to deal with them at the hearing.

Preparing for the hearing

Once your statement has been finalised, in preparation for giving evidence at the hearing you should practise reading your statement slowly out loud a number of times. Doing this

should avoid two situations that commonly make witnesses look foolish and damage their credibility:

a) A witness who reads out their statement in a faltering fashion suggests that the words they are reading are unfamiliar. The court may conclude that the words they are hearing are not their own; or
b) A witness contradicts their statement when they answer a question in cross-examination.

A witness who remains calm and sticks to their evidence is difficult for even a skilled cross-examiner to undermine.

Giving evidence at the hearing

When you are called to give evidence, you will be asked to take the oath. This will involve either swearing on a holy book or, if you are not religious, affirming. Our representative will then ask you to take the court through your account of what happened. They will ask questions as required. These questions will also enable you to get comfortable with the process of answering questions before the court.

Once our representative has finished asking you questions, the other party's representative will have the opportunity to cross-examine you. Since this is the part of giving evidence that most often worries witnesses, I have set out some advice below about how to give evidence effectively when being cross-examined.

After you have been cross-examined, our representative will be permitted to ask you further questions about matters that have come up during your cross-examination.

How to give evidence effectively

This is very simple: do what the oath requires of you. Tell the truth, the whole truth and nothing but the truth.

Dealing with possibilities

You should only tell the court things you know for a fact. The cross-examiner may ask you to speculate about whether it is possible that a particular event occurred. Contrary to what is commonly assumed, you cannot refuse to answer a question merely because it is hypothetical. The issues commonly dealt with by courts often involve the consideration of hypothetical matters.

If you are asked whether something was possible, unless you tell the court how likely you think it was they will be left guessing. Therefore, if you think that there was a slight possibility of that something happening or having happened, rather than saying that it was possible you should let the court know how likely it was. For example, you could say that it was possible but would have been very unlikely.

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If you have no recollection of something you are asked about, don't be tempted to tell the court what you assume must have happened as if you know it for a matter of fact. You should say that you do not recall the particular matter in issue but think it likely that a particular scenario would have happened and explain why you think that to be the case. Be honest or the cross-examiner will force you to admit you can't remember and you will look foolish for not having been honest in the first place.

Being asked for a yes or no answer

The most popular line of attack for a cross-examiner is the closed question. You will become familiar with the phrase "it's a yes or no answer". You probably won't agree.

The temptation when faced with an unreasonably restrictive question is to not answer it and instead to answer the question you think you should have been asked. However, this will make you appear evasive and unhelpful and will not endear you to the court. It is better to either answer yes or no, but to state that is not a complete answer and there are other things the court should know in order to be able to understand it. Then, the court will either let you expand your answer immediately or you will at least have brought your representative's attention to this issue as being one that you should be taken back to in re-examination.

Answer the question and avoid repetition

You should keep your answers to the questions that you are asked. You can undermine your credibility and the strength of your evidence if you take each question as an opportunity to repeat the same thing.

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Do not be tempted to argue with the cross-examiner. You will come across as being deliberately difficult and evasive, which courts hate. It is far better to stay calm and focus on dealing with the questions put to you.

If there are any matters of particular concern to you about either the evidence you are to give or that may be put to you in cross-examination you should let me know now.

So that we can start on the preparation of your statement I would be grateful if you could contact me to arrange a mutually convenient time for us to discuss.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 2 – Prepare Witness

Statement

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

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

{ MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE } { MERGEFIELD FW_CN_WITNESS2_FWWIT2INTS } { MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME }
{ MERGEFIELD FW_CN_WITNESS2_FWWIT2ADDRESS }

Dear { MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE } { MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME }

Re: **{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court: **{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

I write further to our previous correspondence.

Thank you for agreeing to give evidence in the claim being brought by { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }. I understand that you are able to give evidence about [DETAILS OF INFORMATION OR EVENTS TO BE COVERED BY WITNESS STATEMENT].

I thought it would be useful if, at this stage, I set out the steps that will be taken to prepare your witness statement. I have also included some general advice on how to prepare to give your evidence and how to deal with cross-examination by the other side's representative.

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Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 2 – Letter of Approach

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

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

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

{ MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE **} {** MERGEFIELD FW_CN_WITNESS2_FWWIT2INTS **} {** MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME **}**
{ MERGEFIELD FW_CN_WITNESS2_FWWIT2ADDRESS **}**

Dear **{** MERGEFIELD FW_CN_WITNESS2_FWWIT2TITLE **} {** MERGEFIELD FW_CN_WITNESS2_FWWIT2SURNAME **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Date of Alleged Negligence:	**{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}**

We act on behalf of **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**. We understand that you may be able to provide valuable information to the Court regarding a case of alleged negligence which took place on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**. If you are willing to provide information which may be helpful to the case, it may be necessary for a witness statement to be taken and, further, for you to appear in Court to give evidence.

Please can you telephone the above number to discuss the matter generally and make an appointment if necessary. If you do have to attend Court, it is possible to claim reasonable travel expenses and loss of earnings from the Court, but you should note that they may only pay a proportion of such costs.

If you are willing to be a witness in the case, please return the slip below in the stamped addressed envelope provided.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{ MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }

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I, **{** MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" **}**, confirm that I am willing to be a witness in this case.

Signed……..

Dated……

Witness 2 – enclose Draft

Statement

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

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

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Witness 1 – Letter of Approach

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Signed……..

Dated……

Threat of Pre-Action Disclosure

For Defendant 1 Re

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

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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We are disappointed to note that the 40 days provided for under the Access to Health Records Act 1990 has expired and we are still without our client's medical records.

In the circumstances, we ask that you provide same by close of business on …… failing which, we will petition the Court under Rule 31.16 of the Civil Procedure Rules 1998 for an order for pre-action disclosure.

We reserve the right to rely upon this and all relevant correspondence when the question of costs falls to be considered.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Witness 1 – enclose Draft

Statement

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

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Threat of Pre-Action Disclosure

For GP Records

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

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

The Practice Manager
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_address }

Dear Sirs

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
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Schedule of Loss

SCHEDULE OF LOSS

Schedule of Past and Future Losses and Expenses	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

Claim No:	
Claimant (Including Ref)	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } { MERGEFIELD "client_no" }/{ MERGEFIELD "matter_no" }**
Defendant (Including Ref)	**{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**

I. GENERAL DAMAGES

(1) Pain, suffering and loss of amenity — To be assessed
(2) Handicap on the labour market — To be assessed

II. PAST EXPENSES AND LOSSES

Receipts and documentary evidence are attached where available and exhibited in the attached bundle.

(1) Loss of Earnings

The Claimant's pre-accident average pay was £[ ] per week and the Claimant was unable to work for a total period of [ ] weeks.

Sub Total £

(2) Medical Expenses

(a) Physiotherapy
(b) Prescription charges

Sub Total £

(3) Travel Expenses

(a) To and from GP
X visits – X miles return trip @£0.45 per mile
(b) To and from Hospital
X visits - X miles return trip @£0.45 per mile
(c) To and from Physiotherapist
X visits - X miles return trip @£0.45 per mile
(c) To and from Orthopaedic Expert
X visits - X miles return trip @£0.45 per mile

Sub Total £

(4) Gratuitous Care

The Claimant claims the hourly commercial rate of £8.50 (sourced from the British Medical Association Rates 2008) multiplied by the amount of hours per day less 25% representing the consequential discount for care provided by family in line with *Evans v Pontypridd Roofing* [2001]ECWA Civ 1657:-
The assistance consisted of:-

*Delete as applicable

- Dressing
- Bathing/Personal Care
- Cooking
- Cleaning
- Shopping
- Gardening

(a) From date of accident to [ ]

[ ] hours per day x [ ] weeks

Less 25%

(b) From [ ] to [ ]

[ ] hours per day x [ ] weeks
Less 25%

Sub Total £

(5) Miscellaneous

(a) Clothing
(b) Aids and Equipment
(c) Policy excess
(d) Postage, stationery, telephone calls and photocopying

III. FUTURE EXPENSES AND LOSSES

(1) Future Medical Expenses

(a) Physiotherapy
(b) Prescription charges
(c) Surgery/After-care

Sub Total £

(2) Future Travel

(a) In view of the above medical costs as per the medical report attached, associated travel costs are claimed as a lump sum.

Sub Total £

(3) Future Care

(a) A claim for future care costs as per the medical report and care reported attached is pleaded.

Sub Total £

IV. INTEREST

(1) General Damages

Interest is claimed at 2% To be assessed

(2) Past Expenses and Losses

Interest is claimed at the full special account rate of % amounting to a total of £ to date.

Statement of Truth

I believe that the facts stated in this schedule of special damages are true.

Full name: **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

Name of Claimant's solicitor's firm: **{** MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**

Signed:

Position or office held:

*(Claimant) (Litigation friend)

* delete as appropriate

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**
{ MERGEFIELD PRACTICEINFO_DX_NO **}**
{ MERGEFIELD PRACTICEINFO_HOUSE **}**
{ MERGEFIELD PRACTICEINFO_AREA **}**
{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN **}**
{ MERGEFIELD PRACTICEINFO_POSTCODE **}**

{ QUOTE **{** DATE \@ "dd MMMM yyyy" * MERGEFORMAT **} }**

Request Letter for GP Records

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

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

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

The Practice Manager
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_GP_SUR_address }

Dear Sirs

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We have been instructed by the above-named, who is contemplating a claim for compensation for personal injuries suffered as a result of negligence in { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } medical treatment.

We enclose herewith our client's authorisation under the Clinical Negligence Protocol for disclosure of { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } medical records under the Access to Health Records Act 1990 and confirm that we are prepared to be responsible for your reasonable fees.

We would also please request any relevant guidelines, analyses, protocols or policies as well as any documents created in relation to any adverse incident, notifiable safety incident or complaint.

We look forward to receiving our client's records from yourselves as soon as is possible, and in any event within the 40 days provided for under the above Act.

Please note that no action is contemplated against you, your servants or agents at the present time.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Proposed Timetable for Trial

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}.**

IN THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**

BETWEEN:

{ MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}** **Claimant**

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}** **Defendant**

PROPOSED TIMETABLE FOR TRIAL

Day	**Date**	**Event**
1	[date of first day of trial]	Before lunch - After lunch -
2	[trial + 1]	Before lunch - After lunch -
3	[trial + 2]	Before lunch - After lunch -
4	[date + 3]	Before lunch - After lunch -

Request Letter for Defendant 1

Medical Records

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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We have been instructed by the above-named, who is contemplating a claim for compensation for personal injuries suffered as a result of negligence in { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } medical treatment.

We enclose herewith our client's authorisation under the Clinical Negligence Protocol for disclosure of { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } medical records under the Access to Health Records Act 1990 and confirm that we are prepared to be responsible for your reasonable fees.

We would also please request any relevant guidelines, analyses, protocols or policies as well as any documents created in relation to any adverse incident, notifiable safety incident or complaint.

We look forward to receiving our client's records from yourselves as soon as is possible, and in any event within the 40 days provided for under the above Act.

Please note that no action is contemplated against you, your servants or agents at the present time.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Particulars of Claim

IN THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**	Claim No: **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**

PARTIES:

{ MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD LINKNAME_SURNAME_1 **}** **Claimant**

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}** **Defendant**

PARTICULARS OF CLAIM

Statement of Truth

The Claimant believes that the facts stated in this Particulars of Claim are true. 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 without an honest belief in its truth.

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

Full name: **{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Name of Claimant's legal representative's firm: **{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**

Legal Representative

Position or office held (if signing on behalf of a firm or a company): **{** MERGEFIELD CALCULATION_STATUS_DESCRIPTION **}**

Date signed:

Part 36 Offer to Defendant

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

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

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

We refer to the above matter in which we act for { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }.

Our client is aware of the requirements of the Civil Procedure Rules for parties to seek to settle their disputes and we have been instructed to put forward an offer under Part 36 of the CPR which please find attached in form N242A.

Clarification

If you are not entirely clear about any terms of this Offer, please let us know in writing within seven days identifying any elements which you consider unclear. Your failure to provide such notification, we will submit, precludes you from seeking to avoid the adverse costs consequences of Part 36 by referring to any alleged ambiguities or technical errors in this letter.
We look forward to hearing from you. In the meantime, please confirm receipt of this letter.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N251 Notice of funding of case or

claim

Notice of funding of case or claim

Notice of funding by means of a conditional fee agreement, insurance policy or undertaking given by a prescribed body should be given to the court and all other parties to the case:

- on commencement of proceedings
- other first document; and
- at any later time that such an arrangement is entered into,

In the { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name } The court office is open between 10 am and 4 pm Monday to Friday. When writing to the court, please address forms or letters to the Court Manager and quote the claim number.	
Claim No.	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
Claimant (include Ref.)	{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } { MERGEFIELD "MATTER_FEE_EARNER_ID" }\{
Defendant (include Ref.)	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD

Take notice that in respect of

{ FORMCHECKBOX } all claims herein

{ FORMCHECKBOX } the following claims

{ FORMTEXT }

{ FORMCHECKBOX } the case of *(specify name of party)*

{ FORMTEXT }

{ FORMTEXT }{ FORMTEXT } being funded by:

(Please tick those boxes which apply)

{ FORMCHECKBOX } a conditional fee **Dated** ıent

{ FORMTEXT }

which provides for a success fee

{ FORMCHECKBOX } an insurance poli **Dated** ed on **Policy no**

{ FORMTEXT } { FORMTEXT }

Name and address of insurer

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes {

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

by

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

The funding of the case has now changed:

{ FORMCHECKBOX } the above funding has now ceased

{ FORMCHECKBOX } the conditional fee agreement has been terminated

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee has been entered into;

{ FORMCHECKBOX } an insurance policy

Dated { FORMTEXT }

has been cancelled

{ FORMCHECKBOX } an insurance policy has been issued on

Date { FORMTEXT } **Policy no** { FORMTEXT }

Name and address of insurer

{ FORMTEXT }

FORMCHECKBOX **}** No

If Yes, at which point is an increased
premium payable

{ FORMTEXT **}**

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?
{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, at which point is an increased premium payable

{ FORMTEXT }

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

has been terminated

{ FORMCHECKBOX } an undertaking has been given on

Dated

{ FORMTEXT }

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

Signed

Dated { FORMTEXT }

Solicitor for the (claimant) (defendant) (Part 20 defendant) (respondent) (appellant)

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Part 36 Offer(s) 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 }

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" } { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Please find enclosed draft Part 36 Offer for your approval.

In this letter I will explain in more detail how a Part 36 offer works, and the potential advantages and disadvantages of making one in your case.

A Part 36 offer is a special kind of settlement offer governed by Part 36 of the Civil Procedure Rules 1998.

Part 36 of the Civil Procedure Rules 1998 is a complex and detailed area of law. This letter does not attempt to explain every possible use of such an offer but instead summarises how it operates in most ordinary scenarios. It will also propose options for the progression of your case.

I wish to point out the following:

Next steps

I hope this letter comprehensively details the position with Part 36 offers. Once you have had an opportunity to consider the proposed offer of settlement, please contact me to discuss so that I may draft the relevant letter to the defendant.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N265 Make a Standard Disclosure

of Documents to th

List of Documents: Standard Disclosure

Notes:

- The rules relating to standard disclosure are contained in Part 31 of the Civil Procedure Rules.
- Documents to be included under standard disclosure are contained in Rule 31.6.
- A document has or will have been in your control if you have of have had possession, or a right of possession of it or a right to inspect or take copies of it.

In the **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**	
Claim No.	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Claimant (Including ref)	**{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** **{** MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**
Defendant (Including ref)	**{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **}** **{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}** **{** MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_RF **}**
Date	**{** FORMTEXT **}**

Disclosure statement

I, the above named

{ FORMCHECKBOX **}** Claimant **{** FORMCHECKBOX **}** Defendant

{ FORMCHECKBOX **}** Party (if party making disclosure is a company, firm or other organisation identify here who the person making the disclosure statement is and why he is the appropriate person to make it)

{ FORMTEXT }

state that I have carried out a reasonable and proportionate search to locate all the documents which I am required to disclose under the order made by the court on (date of order) { FORMTEXT }

{ FORMCHECKBOX } I did not search for documents:-

{ FORMCHECKBOX } pre-dating { FORMTEXT }

{ FORMCHECKBOX } located elsewhere than

{ FORMTEXT }

{ FORMCHECKBOX } in categories other than

{ FORMTEXT }

{ FORMCHECKBOX } for electronic documents

{ FORMCHECKBOX } I carried out a search for electronic documents contained on or created by the following: (list what was searched and extent of search)

{ FORMTEXT }

{ FORMCHECKBOX } I did not search for the following:-

{ FORMCHECKBOX } documents created before { FORMTEXT }

documents contained on or created by the { FORMCHECKBOX } Claimant { FORMCHECKBOX } Defendant

{ FORMCHECKBOX } PCs

{ FORMCHECKBOX } databases

{ FORMCHECKBOX } back-up tapes

{ FORMCHECKBOX } mobile phones

{ FORMCHECKBOX } notebooks

{ FORMCHECKBOX } PDA devices

{ FORMCHECKBOX } portable data storage media

{ FORMCHECKBOX } servers

{ FORMCHECKBOX } off-site storage

{ FORMCHECKBOX } laptops

{ FORMCHECKBOX } handheld devices

documents contained on or created by the { FORMCHECKBOX } Claimant { FORMCHECKBOX } Defendant

{ FORMCHECKBOX } mail files

{ FORMCHECKBOX } calendar files

{ FORMCHECKBOX } spreadsheet files

{ FORMCHECKBOX } document files

{ FORMCHECKBOX } web-based applications

{ FORMCHECKBOX } graphic and presentation files

documents other than by reference to the following keyword(s)/concepts (delete if your search was not confined to specific keywords or concepts)

{ FORMTEXT }

I certify that I understand the duty of disclosure and to the best of my knowledge I have carried out that duty. I further certify that the list of documents set out in or attached to this form, is a complete list of all documents which are or have been in my control and which I am obliged under the order to disclose.

I understand that I must inform the court and the other parties immediately if any further document required to be disclosed by Rule 31.6 comes into my control at any time before the conclusion of the case.

{ FORMCHECKBOX } I have not permitted inspection of documents within the category or class of documents (as s out below)

required to be disclosed under Rule 31(6)(b)or (c) on the grounds that to do so would be disproportionate to the issues in the case.

{ FORMTEXT }

Signed **Date** { FORMTEXT }

(Claimant)(~~Defendant~~){ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "(’s litigation friend)" "(~~’s litigation friend~~)" }

List and number here, in a convenient order, the documents (or bundles of documents if of the same nature, e.g. invoices) in your control, which you do not object to being inspected. Give a short description of each document or bundle so that it can be identified, and say if it is kept elsewhere i.e. with a bank or solicitor

I have control of the documents numbered and listed here. I do not object to you inspecting them/producing copies.
{ FORMTEXT **}**

List and number here, as above, the documents in your control which you object to being inspected. (Rule 31.19)

I have control of the documents numbered and listed here, but I object to you inspecting them:
{ FORMTEXT **}**

Say what your objections are

I object to you inspecting these documents because:
{ FORMTEXT **}**

List and number here, the documents you once had in your control, but which you no longer have. For each document listed, say when it was last in your control and where it is now.

I have had the documents numbered and listed below, but they are no longer in my control.
{ FORMTEXT **}**

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N180 Directions Questionnaire

Small Claims Track

Directions questionnaire (Small Claims Track)

In the	Claim No.
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

To be completed by, or on behalf of,

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

who is [1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~][Claimant][~~Defendant~~][~~Part 20 claimant~~] in this claim

You should note the date by which this questionnaire must be returned and the name of the court it should be returned to since this may be different from the court where the proceedings were issued.

If you have settled this claim (or if you settle it on a future date) and do not need to have it heard or tried, you must let the court know immediately.

A Settlement/Mediation

Under the Civil Procedure Rules parties should make every effort to settle their case. At this stage you should still think about whether you and the other party(ies) can settle your dispute without going to a hearing.

You may seek to settle the claim either by direct discussion or negotiation with the other party or by mediation. If settlement is reached parties may enter into a binding agreement which can be enforced if the terms of the agreement were to be breached.

Mediation is a way of resolving disputes without a court hearing, where the parties are assisted in resolving their dispute with the help of an impartial mediator. If the claim is settled at this stage the parties can avoid further court fees, costs and time involved in preparing and attending a hearing.

You may use any mediation provider. However, HMCTS provide a free confidential Small Claims Mediation Service which is available to parties in most small claims cases which are for less than £10,000.

Mediation is usually carried out by telephone in one hour time limited appointments convenient to the parties and is quicker than waiting for a court hearing before a judge. There is no obligation to use the Small Claims Mediation Service nor are you required to settle if you do. If you are unable to reach agreement with the other party at mediation, the claim will proceed to a small claims hearing before a judge.

You can get more information about mediation from www.gov.uk

If all parties agree, this case will be referred to the Small Claims Mediation Service. In any event the court may order the service to contact you to explore mediation.

A1 Do you agree to this case being referred to the Small Claims Mediation Service?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

Please give your contact details below – If all parties agree to mediation your details will be passed to the small claims mediation team who will contact you to arrange an appointment.

You must complete the remainder of the form regardless of your answer to A1

B Your contact details

Your full name

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

Address for Service

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD "PRACTICEINFO_HOUSE" }
{ MERGEFIELD "PRACTICEINFO_AREA" }
{ MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" }
{ MERGEFIELD "PRACTICEINFO_COUNTY" }
{ MERGEFIELD "PRACTICEINFO_POSTCODE" }

Telephone number

{ IF {

Mobile

{ FORMTEXT }

Notes

It is essential that you provide this information, particularly if you have requested mediation. Staff will contact you within office hours (9am - 5pm).

MERGEFIELD CALCULATION_FEE_EARNER_PHONE }= "" "{ MERGEFIELD PRACTICEINFO_PHONE_NO }" "{ MERGEFIELD CALCULATION_FEE_EARNER_PHONE }" }

Email

{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

C Track

C1 Do you agree that the small claims track is the appropriate track for this case? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If No, say why not and state the track to which you believe it should be allocated

{ FORMTEXT }

D About the hearing

Hearing venue

D1 At which county court would you prefer the small claims hearing to take place and why?

{ FORMTEXT }

Expert evidence

D2 Are you asking for the court's permission to use the written evidence of an expert? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, state why and give the name of the expert (if known) and the area of expertise and the likely cost if appointed.

{ FORMTEXT }

Witnesses

D3 How many witnesses, including yourself, will give evidence on your behalf at the hearing? { FORMTEXT }

Hearing

D4 Are there any days within the next six months when you, an expert or a witness will not be able to attend court for the hearing? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please give details

	Dates **not** available
Yourself	{ FORMTEXT }
Expert	{ FORMTEXT }
Other essential witness	{ FORMTEXT }

Will you be using an interpreter at the hearing either for yourself or for a witness? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please specify the type of interpreter

{ FORMTEXT }

Notes

Track
The small claims track – generally for lower value and less complex claims with a value under £10,000. You can get more information by reading leaflet EX306 'The small claims track in civil courts'. You can get this leaflet online from hmctsformfinder.justice.gov.uk

Location
If your claim is a designated money claim the case will usually be transferred to the claimants preferred court or the defendants home court as appropriate. However, there is no guarantee of transfer to this court. For further information see CPR Parts 3, 12, 13, 14 and 26.

Expert evidence
The court must grant you permission to use an expert witness. Your notice of allocation will tell you if permission has been granted. Please note the upper limit for experts' fees that can be recovered is £750. You can get more information by reading leaflet EX306 'The small claims track in civil courts'. You can get this leaflet online from hmctsformfinder.justice.gov.uk

Witnesses
Witnesses may be asked to give evidence by either party. The court needs to have notice that you intend to call a witness. Witness expenses for travel accommodation and loss of earning should be met by the party requesting their attendance. You can get more information by reading EX342 'Coming to a court hearing'. You can get this leaflet online from hmctformfinder.justice.gov.uk

Hearing
Dates to avoid: You should enter those dates where you, your expert or an essential witness will not be able to attend court because of a holiday or other commitments.

Interpreters: In some circumstances the court will arrange for, and meet the cost of an interpreter. If you require an interpreter, you should contact the court immediately. Further details visit our website www.justice.gov.uk under 'guidance'.

Signature

You must sign this form

[Solicitor for the][1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~]
[Claimant][~~Defendant~~][~~Part 20 claimant~~]

Once you have completed this form please return it to the court with the fee to the address shown on the form N149A, notice of proposed allocation to Small Claims Track

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N181 Directions Questionnaire

Fast Track or Multi

Directions questionnaire (Fast track and Multi-track)

In the	Claim No.
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

To be completed by, or on behalf of,

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }

who is [1st][~~2nd~~][~~3rd~~][{ FORMTEXT }][Claimant][~~Defendant~~][~~Part 20 claimant~~] in this claim

You should note the date by which this questionnaire must be returned and the name of the court it should be returned to since this may be different from the court where the proceedings were issued.

If you have settled this claim (or if you settle it on a future date) and do not need to have it heard or tried, you must let the court know immediately.

If the claim is not settled, a judge will allocate it to an appropriate case management track. To help the judge choose the most just and cost-effective track, you must now complete the directions questionnaire.

You should write the claim number on any other documents you send with your directions questionnaire. Please ensure they are firmly attached to it.

A Settlement

Under the Civil Procedure Rules parties should make every effort to settle their case before the hearing. This could be by discussion or negotiation (such as a roundtable meeting or settlement conference) or by a more formal process such as mediation. The court will want to know what steps have been taken. Settling the case early can save costs, including court hearing fees.

For legal representatives only

I confirm that I have explained to my client the need to try to settle; the options available; and the possibility of costs sanctions if they refuse to try to settle.

{ FORMCHECKBOX } I confirm

For all

Your answers to these questions may be considered by the court when it deals with the questions of costs: see Civil Procedure Rules Part 44.

1. Given that the rules require you to try to settle the claim before the hearing, do you want to attempt to settle at this stage? {

FORMCHECKBOX } Yes { FORMCHECKBOX } No

2. If Yes, do you want a one month stay? {

FORMCHECKBOX } Yes { FORMCHECKBOX } No

3. If you answered 'No' to question 1, please state below the reasons why you consider it inappropriate to try to settle the claim at this stage.

Reasons:

Notes

The court may order a stay, whether or not all the other parties to the claim agree. Even if you are requesting a stay, you must still complete the rest of the questionnaire.

More information about mediation, the fees charged and a directory of mediation providers is available online from www.civilmediation. justice.gov.uk This service provides members of the public and businesses with contact details for national civil and commercial mediation providers, all of whom are accredited by the Civil Mediation Council.

{ FORMTEXT }

B Court

B1. (High Court only)
The claim has been issued in the High Court. Do you consider it should remain there? { FORMCHECKBOX
} Yes { FORMCHECKBOX } No

If Yes, in which Division/List?

{ FORMTEXT }

If No, in which County Court hearing centre would you prefer the case to be heard?

{ FORMTEXT }

B2. Trial (all cases)
Is there any reason why your claim needs to be heard at a court or hearing centre? { FORMCHECKBOX
} Yes { FORMCHECKBOX } No

If Yes, say which court and why?

{ FORMTEXT }

C Pre-action protocols

You are expected to comply fully with the relevant pre-action protocol.

Have you done so? { FORMCHECKBOX
} Yes { FORMCHECKBOX } No

If you have not complied, or have only partially complied, please explain why.

{ FORMTEXT }

D Case management information

D1. Applications

Have you made any application(s) in this claim? { FORMCHECKBOX
} Yes { FORMCHECKBOX } No

If Yes, what for? (e.g. summary judgment, add another party).

{ FORMTEXT }

For hearing on { FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } / { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT }

D2. Track

Notes

High Court cases are usually heard at the Royal Courts of Justice or certain Civil Trial Centres. Fast or multi-track trials may be dealt with at a Civil Trial Centre or at the court where the claim is proceeding.

Before any claim is started, the court expects you to have complied with the relevant pre-action protocol, and to have exchanged information and documents relevant to the claim to assist in settling it. To find out which protocol is relevant to your claim see: www.justice.gov.uk/guidance/courts-and-tribunals/courts/procedure-rules/civil/menus/protocol.htm

D1. Applications
It is important for the court to know if you have already made any applications in the claim (or are about to issue one), what they are for and when they will be heard. The outcome of the applications may affect the case management directions the court gives.

D2. Track

If you have indicated in the proposed directions a track attached which would not be the normal track for the claim, please give brief reasons below for your choice.

{ FORMTEXT **}**

The basic guide by which claims are normally allocated to a track is the amount in dispute, although other factors such as the complexity of the case will also be considered. Leaflet EX305 – The Fast Track and the Multi-track, explains this in greater detail.

D Case management information (continued)

Notes

D3. Disclosure of electronic documents (multi-track cases only)

If you are proposing that the claim be allocated to the multi-track:

1. Have you reached agreement, either using the Electronic Documents Questionnaire in Practice Direction 31B or otherwise, about the scope and extent of disclosure of electronic documents on each side? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

2. If No, is such agreement likely? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

3. If there is no agreement and no agreement is likely, what are the issues about disclosure of electronic documents which the court needs to address, and should they be dealt with at the Case Management Conference or at a separate hearing?

{ FORMTEXT }

D4. Disclosure of non-electronic documents (all cases)

What directions are proposed for disclosure?

{ FORMTEXT }

For all multi-track cases, except personal injury.

Have you filed and served a disclosure report (Form N263) (see Civil Procedure Rules Part 31). { FORMCHECKBOX } Yes { FORMCHECKBOX } No

Have you agreed a proposal in relation to disclosure that meets the overriding objective? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please ensure this is contained within the proposed directions attached and specify the draft order number.

{ FORMTEXT }

E Experts

Do you wish to use expert evidence at the trial or final hearing? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

There is no presumption that expert evidence is necessary, or that each party will be entitled to their own expert(s). Therefore, the court requires a short explanation of your proposals with regard to expert evidence.

Have you already copied any experts' report(s) to the other party(ies)? { FORMCHECKBOX } None yet obtained

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

Do you consider the case suitable for a single joint expert in any field? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

E Experts (continued)

Notes

Please list any single joint experts you propose to use and any other experts you wish to rely on. Identify single joint experts with the initials 'SJ' after their name(s). Please provide justification of your proposal and an estimate of costs.

Expert's name	Field of expertise (e.g. orthopaedic surgeon, surveyor, engineer)	Justification for expert and estimate of costs
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_SPEC }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_SPEC }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_SPEC }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_SPEC }	{ FORMTEXT }

F Witnesses

Which witnesses of fact do you intend to call at the trial or final hearing including, if appropriate, yourself?

Witness name	Witness to which facts
{ MERGEFIELD "FW_CN_WITNESS1_FWWIT1TITLE" } { MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" } { MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS2_FWWIT2TITLE" } { MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" } { MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS3_FWWIT3TITLE" } { MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" } { MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS4_FWWIT4TITLE" } { MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" } { MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" }	{ FORMTEXT }

G Trial or Final Hearing

How long do you estimate the trial or final hearing will take?

{ FORMCHECKBOX } less than one day

{ FORMTEXT } Hrs

{ FORMCHECKBOX } one day

{ FORMCHECKBOX } more than one day

{ FORMTEXT } State number of days

Give the best estimate you can of the time that the court will need to decide this case. If, later you have any reason to shorten or lengthen this estimate you should let the court know immediately.

You should only enter those dates when you, your expert(s) or essential witnesses will not be available to attend court because of holiday or other commitments

Are there any days within the next 12 months when you, an expert or an essential witness will not be able to attend court for trial or final hearing?

If Yes, please give details

Name	Dates not available

{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }

You should notify the court immediately if any of these dates change.

H Costs

Do not complete this section if:

1) you do not have a legal representative acting for you

2) the case is subject to fixed costs

If your claim is likely to be allocated to the Multi-Track form Precedent H must be filed at in accordance with CPR 3.13.

I confirm Precedent H is attached. { FORMCHECKBOX }

Notes

I Other information

Do you intend to make any applications in the future? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, what for?

{ FORMTEXT }

In the space below, set out any other information you consider will help the judge to manage the claim.

{ FORMTEXT }

J Directions

Notes

You must attempt to agree proposed directions with all other parties. **Whether agreed or not a draft of the order for directions which you seek must accompany this form.**

All proposed directions for multi-track cases must be based on the directions at www.justice.gov.uk/courts/procedure-rules/civil

All proposed directions for fast track cases must be based on CPR Part 28.

Signature

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

[Solicitor for the][1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~]
[Claimant][~~Defendant~~][~~Part 20 claimant~~]

Please enter your name, reference number and full postal address including details of telephone, DX, fax or e-mail

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } { MERGEFIELD "PRACTICEINFO_HOUSE" } { MERGEFIELD "PRACTICEINFO_AREA" } { MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" } { MERGEFIELD "PRACTICEINFO_COUNTY" } Postcode { MERGEFIELD PRACTICEINFO_POSTCODE }	If applicable	
	Telephone no.	{ IF { MERGEFIELD CALCULATION_FEE_EARNER_PHONE }= "" "{ MERGEFIELD PRACTICEINFO_PHONE_NO }" "{ MERGEFIELD CALCULATION_FEE_EARNER_PHONE }" }
	Fax no.	{ MERGEFIELD PRACTICEINFO_FAX_NO }
	DX no.	{ MERGEFIELD PRACTICEINFO_DX_NO }
	Your ref.	{ MERGEFIELD "MATTER_FEE_EARNER_ID" }\{ MERGEFIELD "client_no" }\{ MERGEFIELD "matter_no" }

Email	{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

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Continuation Sheet

In the	Claim No.
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

Witness name	Witness to which facts
{ MERGEFIELD "FW_CN_WITNESS5_FWWIT5TITLE" } { MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" } { MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS6_FWWIT6TITLE" } { MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" } { MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" }	{ FORMTEXT }

N235 Certificate of Suitability of

Litigation Frie

Certificate of suitability of litigation friend

If you are acting

- for a child, you must serve a copy of the completed form on parent or guardian of the child, or if there is no parent or guardian, the carer or the person with whom the child lives
- for a protected party, you must serve a copy of the completed form on one of the following persons with authority in relation to the protected party as: (1) the attorney under a registered enduring power of attorney (2) the donee of the lasting power of attorney; (3) the deputy appointed by the Court of Protection; or if there is no such person, an adult with whom the protected party resides or in whose care the protected party is. You must also complete a certificate of service (obtainable from the court office) You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

Name of court **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**	
Claim No.	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Claimant (including ref.)	**{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}** **{** MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**
Defendant (including ref.)	**{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}** **{** MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_RF **}**

You do not need to complete this form if you are a deputy appointed by the Court of Protection with power to conduct proceedings on behalf of the protected party.

I consent to act as litigation friend for **{** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
(claimant)(~~defendant~~)

I believe that the above named person is a

{ FORMCHECKBOX **}** child **{** FORMCHECKBOX **}** protected party *(give your reasons overleaf and attach a copy of any medical evidence in support)*

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

* delete if you are acting for the defendant

*I undertake to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

Please write your name in capital letters

{IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE **}** = "Mr" ☑ ☐**}** Mr **{**IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE **}**= "Mrs" ☑ ☐**}** Mrs **{**IF **{** MERGEFIELD

Surname **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME **}**

Forenames **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_FNAME **}**

FW_CN_CLI_INFO_FW_CN_LF_TI
TLE }= "Miss" ☑ ☐} Miss

{IF { MERGEFIELD
FW_CN_CLI_INFO_FW_CN_LF_TI
TLE }= "Ms" ☑ ☐} Ms { FORMCHECKBOX } Other { FORMTEXT }

Address to which documents in this case are to be sent.

{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }

I certify that the information given in this form is correct

Signed _____

Date { FORMTEXT }

Claim No.	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}{** FORMTEXT **}**

My reasons for believing that the (claimant)(defendant) is a protected party are:-

{ FORMTEXT **}**

N242a Offer to Settle

Offer to settle

(Section I – Part 36)

This form may be used to settle the whole or part of, or any issue that arises in, a claim, counterclaim, other additional claim, appeal or cross-appeal. It may also be used to settle detailed costs assessment proceedings.

A **Notice of acceptance** form is attached to this form should the offeree wish to use it.

In the (If proceedings have started) **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**
Claim No. (or other ref.) **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Name of Claimant (including ref.) **{** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Name of Defendant (including ref.) **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Before completing this form or responding to the offer please read the notes on pages 4 and 5

To the Offeree (’s legal representative) (Insert name and address)

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" {MERGEFIELD street_address2 \f " "}**{** MERGEFIELD "PRACTICEINFO_AREA" \f " "}**{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f " "}**{** MERGEFIELD "PRACTICEINFO_COUNTY" \f " "}**{** MERGEFIELD "PRACTICEINFO_POSTCODE" **}**

Take notice that (insert name of party making the offer)

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "CLI1_ADD_INFO_FW_CLI1_MNAME" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

makes this offer to settle pursuant to Part 36 of the Civil Procedure Rules 1998.

This offer is intended to be a **{** FORMCHECKBOX **}** defendant’s **{** FORMCHECKBOX **}** claimant’s Part 36 offer.

If the offer is accepted within **{** FORMTEXT **}** days of service of this notice, the defendant will be liable for the claimant’s costs in accordance with rule 36.13.

Note: Specify a period which, subject to rule 36.5(2), must be at least 21 days

The offer is to settle: *(tick as appropriate)*

{ FORMCHECKBOX **}** the whole of **{** FORMCHECKBOX **}** part of **{** FORMCHECKBOX **}** a certain issue or issues in
(give details over the page) (give details over the page)

the

{ FORMCHECKBOX **}** claim **{** FORMCHECKBOX **}** counterclaim **{** FORMCHECKBOX **}** other additional claim

{ FORMCHECKBOX **}** appeal **{** FORMCHECKBOX **}** cross-appeal **{** FORMCHECKBOX **}** detailed costs assessment proceedings

Please give details below of the offer you are making (If necessary continue on a separate sheet ensuring the claim number, if proceedings have started, is shown clearly)

{ FORMTEXT **}**

The offer **{** FORMCHECKBOX **}** does **{** FORMCHECKBOX **}** does not take into account **{** FORMCHECKBOX **}** all **{** FORMCHECKBOX **}** part of the following counterclaim (or other adverse claim):

{ FORMTEXT **}**

Is this a personal injury claim?	**{** FORMCHECKBOX **}** Yes, please complete section 2, section 3 if applicable and section 4 **{** FORMCHECKBOX **}** No, please go to Section 4

SECTION 2
PERSONAL INJURY CLAIMS

Note: See rule 36.19

Is there a claim for provisional damages? **{** FORMCHECKBOX **}** Yes, complete either part A or B below

{ FORMCHECKBOX **}** No, please go to Section 3

A The offer is made in satisfaction of the claim on the assumption that the claimant will not:

{ FORMCHECKBOX **}** develop (state the disease) | **{** FORMTEXT **}**

OR

{ FORMCHECKBOX **}** suffer (state type of deterioration) | **{** FORMTEXT **}**

But if this does occur, the claimant will be entitled to claim further damages at any time before

{ FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**
Day		Month		Year			

B
{ FORMCHECKBOX **}** This offer does not include an offer in respect of the claim for provisional damages.

SECTION 3
To be completed only by DEFENDANTS in PERSONAL INJURY claims

Note: See rule 36.22

A **{** FORMCHECKBOX **}** This offer is made without regard to any liability for recoverable benefits under the Social Security (Recovery of Benefits Act) 1997.

OR

B **{** FORMCHECKBOX **}** This offer is intended to include any relevant deductible benefits for which the defendant is liable under the Social Security (Recovery of Benefits Act) 1997.

The amount of £**{** FORMTEXT **}** is offered by way of gross compensation.

If you have ticked B, complete this section

{ FORMCHECKBOX **}** The defendant has not yet received a certificate of recoverable benefits.

OR

{ FORMCHECKBOX **}** The following amounts in respect of the following benefits are to be deducted. Please give details below.

Type of benefit	Amount
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
{ FORMTEXT }	{ FORMTEXT }
The net amount offered is therefore	£{ FORMTEXT }

SECTION 4
Complete in ALL cases
Details of the party making the offer

Full name	**{** MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**
Name of firm (if applicable)	**{** MERGEFIELD PRACTICEINFO_PRACTICE_NAME **}**
Signed	
Position held (If signing on behalf of a firm or company)	**{** FORMTEXT **}**

Date

Day	Month	Year
{ FORMTEXT **}** **{** FORMTEXT **}**	**{** FORMTEXT **}** **{** FORMTEXT **}**	**{** FORMTEXT **}** **{** FORMTEXT **}** **{** FORMTEXT **}** **{** FORMTEXT **}**

IMPORTANT NOTES:

1. This form may be used to settle the whole or part of, or any issue that arises in, a claim, counterclaim, other additional claim, appeal or cross-appeal. It may also be used to settle detailed costs assessment proceedings.

2. When used to make a Part 36 offer in respect of an appeal, an appellant seeking to settle their appeal should make a claimant's offer while a respondent should make a defendant's offer. [See rule 36.4.]

3. When used to make a Part 36 offer in respect of a counterclaim or other additional claim or a cross-appeal in certain appeal proceedings:

   - the party bringing the counterclaim, additional claim or cross-appeal can make (a) a claimant's offer on such counterclaim, additional claim or cross-appeal; or (b) a defendant's offer on the claim or appeal; and

   - the party bringing the original claim or appeal can make (a) a claimant's offer on such claim or appeal; or (b) a defendant's offer on the counterclaim or cross-appeal.

   In any case the offeror should make plain whether the offer takes into account any adverse claim. For example, when making an offer on a claim, state whether it takes into account the counterclaim. Equally when making an offer on a counterclaim, state whether it takes into account the claim. [See rules 36.2(3), 20.2 & 20.3 in respect of counterclaims and other additional claims. See rules 36.2(3) and 36.4 in respect of cross-appeals.]

4. When this form is used to make a Part 36 offer in detailed costs assessment proceedings, the receiving party in the assessment should make a claimant's offer while the paying party should make a defendant's offer. [See rule 47.20.]

5. In summary, Part 36 provides that:

   - A party making a defendant's offer is offering something to settle their opponent's claim, counterclaim, additional claim, appeal, cross-appeal or costs assessment proceedings and to accept a liability to pay costs.

   - A party making a claimant's offer is offering to accept something to settle their own claim, counterclaim, additional claim, appeal, cross-appeal or costs assessment proceedings on terms that their opponent pays their costs.

6. Part 6 of the Civil Procedure Rules makes detailed provision for the service of court documents.

NOTICE OF ACCEPTANCE

NOTES:

1. This form is suitable for the simple acceptance of the offer.
2. Where an offer relates only to part of the proceedings and the offeree wishes to abandon the balance of the claim then this should be made clear when accepting the offer. [See rule 36.13(2).]
3. See rule 36.15 where the offer was made by one or more but not all of the defendants.

In the (If proceedings have started) **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**
Claim No. (or other ref.) **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Name of Claimant (including ref.) **{** MERGEFIELD LINKNAME_FORENAME_1 **} {** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Name of Defendant (including ref.) **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

To the Offeror/legal representative

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION **}**

Take notice that (insert name of party accepting the offer)

{ FORMTEXT **}**

accepts this offer to settle pursuant to rule 36.11 of the Civil Procedure Rules 1998.

Details of the party accepting the offer

Full name: **{** FORMTEXT **}**

Name of firm (if applicable): **{** FORMTEXT **}**

Signed

Position held (If signing on behalf of a firm or company): **{** FORMTEXT **}**

Date { FORMTEXT } { FORMTEXT } Day { FORMTEXT } { FORMTEXT } Month { FORMTEXT } { FORMTEXT } { FORMTEXT } { FORMTEXT } Year

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N1 Claim Form

Claim Form

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

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.

	For court use only
Claim No.	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**
Issue date	**{ FORMTEXT }**

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

{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
{ MERGEFIELD CALCULATION_ADDRESS **}**

SEAL.

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

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**= "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD **}**" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address **}**" **}**

Brief details of claim

{ FORMTEXT **}**

Value

{ FORMTEXT **}**

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

{ FORMTEXT **}**

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Defendant's name and address for service including postcode	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" } { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }= "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

£

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	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**

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

Particulars of Claim **{** IF **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_POC **}** = "Yes" "To follow" "Attached" **}**

{ 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 these 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
{ FORMTEXT **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**

Full name

{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **}**

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

{ MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}**

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

Building and street

{ MERGEFIELD PRACTICEINFO_HOUSE }

Second line of address

{ MERGEFIELD PRACTICEINFO_AREA }

Town or city

{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN }

County (optional)

{ MERGEFIELD PRACTICEINFO_COUNTY }

Postcode

{ MERGEFIELD PRACTICEINFO_POSTCODE }

If applicable

Phone number

{ IF { MERGEFIELD CALCULATION_FEE_EARNER_PHONE }= "" "{ MERGEFIELD PRACTICEINFO_PHONE_NO }" "{ MERGEFIELD CALCULATION_FEE_EARNER_PHONE }" }

Fax phone number

{ MERGEFIELD PRACTICEINFO_FAX_NO }

DX number

{ MERGEFIELD PRACTICEINFO_DX_NO }

Your ref.

{ MERGEFIELD "MATTER_FEE_EARNER_ID" }\{ MERGEFIELD "client_no" }\{ MERGEFIELD "matter_no" }

Email

{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

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Lit Friend - After 1st Meeting

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

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

{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_INITIA } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }
{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }

Dear { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Further to the above, I have enclosed with this letter some information about my firm. This also sets out how we would investigate such a claim and the tests involved in the law for establishing whether or not there has been negligence.

From the brief discussion that we had, I do believe that you are justified in making enquiries to see whether or not there has been substandard treatment (liability) and to establish how { MERGEFIELD LINKNAME_FORENAME_1 } suffered as a result of that substandard treatment (causation). This is not to say that I am saying that you have a claim which will be successful, but on the information you have provided to me to date, I consider the treatment { MERGEFIELD LINKNAME_FORENAME_1 } received warrants further investigation.

In order to investigate the claim I may need to obtain copies of all medical records, including G.P. records. I may also need to obtain independent expert opinion to look at the problems that { MERGEFIELD LINKNAME_FORENAME_1 } has encountered as a result of any potential negligence. I may need to obtain further medical evidence to investigate the harm or damage that { MERGEFIELD LINKNAME_FORENAME_1 } has suffered.{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_COMP } = "No" "

I understand that you have not yet pursued the complaints procedure following the care you have been provided. Following the complaints procedure may provide you with some answers and will also assist if you are to proceed further with a potential claim. For more details abouts the NHS complaints procedure please visit { HYPERLINK "https://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/" }.

Everyone who provides an NHS service in England must have their own complaints procedure. You can often find information in waiting rooms, at reception, on the service provider's website, or by asking a member of staff. Any complaint will need to set out a chronology of events, your reasons for the complaint and any questions you have. Try to keep any questions concise so that any response does not skirt around the main issues. Please ensure you keep a copy of any correspondence sent and received. Whilst a complaint can run alongside a legal claim, I would not recommend stating in the letter that you are considering legal advice, as my

experience is that the letter of complaint will not be dealt with if you advise them of this. You should expect an acknowledgement and the offer of a discussion about the handling of your complaint within 3 working days of your complaint being received.

Unfortunately we cannot assist with the complaints process, but there is an organisation known as NHS Complaints Advocacy Service, an independent service, who should be able to help you to write a letter of complaint if you need assistance in doing so and they can provide you with free confidential help. For more information on this service visit **{** HYPERLINK "https://www.voiceability.org/about-advocacy/types-of-advocacy/nhs-complaints-advocacy" **}**." "" **}**

We did briefly discuss the various funding options available when brining a legal claim. To discuss the case, there has been no charge to you. Please check whether you have any household, car, credit/debit card insurances that may have a legal protection attached to them (often referred to as Legal Expense Cover or **BTE - Before the Event insurance**). The policy ought to have been in place at the time of the alleged negligence. I therefore suggest that the starting point is for you to check through any insurance policies that you have to see whether or not you have any legal expense cover. Often they can exclude clinical negligence matters but I do feel it is worth checking this area. If you would like to discuss this further, I would be more than happy to do so.

The other option is that you might be eligible for Legal Aid. We talked briefly about this and if you do not have any Before the Event funding and if certain criteria apply, we may be able to secure Legal Aid funding.

Legal Aid is a twofold test, 1) on merits and 2) on your finances. Because of your finances, you should financially qualify. On the merits, I will need to prepare a statement to Legal Aid saying why I believe you should be granted Legal Aid to investigate **{** MERGEFIELD LINKNAME_FORENAME_1 **}**'s case.

If you are granted legal aid, then it is likely that a certificate will be awarded, which will enable me to take various steps, namely obtain **{** MERGEFIELD LINKNAME_FORENAME_1 **}**'s records, independent medical expert opinion and a Barrister's Advice thereafter. If we cannot prove that there has been negligence at that stage, Legal Aid will pay me, the Barrister and the experts involved. There is no charge to you. Likewise, if we could say that at the first stage it is likely that we could show there is negligence, we would proceed to the next stage and your legal aid would be limited further. The financial limit, which initially would be approximately £7500 - 10000 would probably be increased. If we get to the next stage, and again we cannot prove negligence or we cannot succeed against the other parties, if we become involved in Court proceedings, again Legal Aid will pay me the Barrister, the experts involved.

If **{** MERGEFIELD LINKNAME_FORENAME_1 **}** has the benefit of legal aid, the other side cannot ask that you pay their costs. This continues until the conclusion of the case. If you lose your case, then you are protected by Legal Aid. If you win, then you are granted an award of damages and this time, rather than Legal Aid paying me, the other side have to pay the costs. Providing all of the costs are paid, then you will be paid all of your damages. There is a legal aid 'statutory charge' and this is when there could be a shortfall in the amount of costs that are paid by the other side, for example, we had had a negative report, which was never disclosed to the other side. It rarely happens but it is there and I will advise you as the case progresses as to whether or not I think it is likely that the statutory charge will have to be used.

If **{** MERGEFIELD LINKNAME_FORENAME_1 **}** is legally aided I will write to you on a six monthly basis to tell you how much public money has been spent on the case. This is not a request for payment but is to tell you how much public money has been spent. It is a reminder to you that Legal Aid views the granting of the certificate to you as a very serious matter and that public money should not be wasted in any way.

I remind you of your duty to let legal aid know immediately if you obtain some capital and/or your work and your finances change. They can then reassess your eligibility and you may still qualify or you may qualify but have to pay a legal aid contribution.

I did discuss that Legal Aid may assess that you can pay a contribution towards the cost of your case. This is payable for the life of the case. If we cannot proceed or lose, you will lose the amount of money that you have paid to legal aid up until that point. In some very rare cases if you lost a court case, the defendants could ask that you pay to them the same amount that you have paid in legal aid contributions at that time. We are not obliged to tell the other side that you are paying contributions but if they ask, we have to tell them. If you win Legal aid will return the contributions to you, subject to any 'statutory charge'.

In some cases and scenarios, Legal Aid could be discharged, in which case Legal Aid would pay all of the costs but if they felt that you had been unreasonable or failed to disclose information to them within a reasonable period of time, they could revoke the certificate, which means that whilst they would still pay me, they may then seek recovery of whatever monies they pay out to us, from you. Again, this very, very rarely happens. If you win the case, then you would receive full reimbursement of the legal aid contributions, subject to any statutory charge.

I enclose the MEANS1 form for you to complete. This is the form which asks about your household finances. I also enclose two form L17's one for yourself and one for your partner to complete. These need to be passed to your employers as they need to give the information about your finances. Please return them to me in the stamped addressed envelope provided as soon as possible. I will also send you another Legal Aid form for signature shortly. This will be the form that sets out who the parties are and has a brief summary of what the case is about.

If the funding options discussed above are not available, we would need to consider if the matter is suitable for a **'No Win, No Fee'** agreement (Conditional Fee Agreement or CFA). This will mean that if we are not successful in your claim, we would waive our fees. Before proceeding with such an agreement, we must firstly ensure you do not have any **Before the Event insurance** and consider whether the case would be suitable for a 'no, win, no fee' agreement based on our assessment of the strengths of your case.

If the matter did go on to be funded by way of a 'no win, no fee' agreement, I can advise that if you were successful with a claim of this nature, you would be liable to pay for the following:

- Our base costs calculated by how much time we spend working on your matter based on our hourly rate as set out in the CFA. As a general rule you can expect to recover a portion of this from the defendant. There are factors that can affect the amount of base costs recoverable from the defendant, which we will advise you upon when such factors arise.
- A success fee would be payable from any damages that you receive. Again, this will be set out in the CFA. This is the fee to account for our risk of not being paid our base cost in the event you are not successful in your claim. You are liable for the success fee in full and cannot be recovered from the defendant.

- Any disbursements we pay out on your behalf such as court fees or medial expert fees. As a general rule you can expect to recover a portion of this from the defendant and you would be required to pay any shortfall in the amounts payable. There are again factors that can affect the value of disbursements recoverable from the defendant, which we will advise you upon when such factors arise.
- Any fee for a barrister instructed in your behalf. A barrister would normally also be instructed on a no win no fee basis and details of any such agreement would ne advised at the time. If a no win no fee arrangement cannot be agreed with a barrister, the fees would be treated the same as any other disbursement as detailed above.

If you were not successful with your claim, you would not be liable to pay our base costs or the success fee but you would be required to pay any disbursements, barrister costs and the defendants costs.

If the matter were to proceed via a CFA, we would also need to consider obtaining what is known as 'after the event' insurance (ATE) to provide you with further protection. This will cover the legal costs payable to the defendant in the event that the claimant's claim is unsuccessful. I will write to you separately regarding this if required.

I look forward to hearing from you further. Please ensure in the meantime that you keep safe any evidence- such as prescription, letter of complaint/response, medicine boxes etc. if you need to contact me please do not hesitate to do so.

Finally, I must remind you of the time limits applicable to claims for clinical negligence. The law requires all individuals who have sustained personal injuries as a result of another's acts/omissions to bring a claim (that is to issue Court proceedings) within three years of the date of the alleged negligence or three years from the date upon which they suspected/believed or ought reasonably have suspected/believed that they may have suffered as a result of another's acts/omissions. A failure to do so may result in them being prevented from bringing a claim about the matter in the future.

I look forward to hearing from you as to whether you do have 'Before the Event' insurance or whether you wish for us to consider matters under a CFA as above.**{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_COMP **}** = "No" "Please can you also let me know whether you will be pursuing the NHS complaints procedure as discussed." "" **}**

Of course, should you have any difficulties or queries upon receipt of this letter, please do not hesitate to contact me.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to NHS Resolution with

Copy LoN

{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 FW_CN_CONTACTS_FW_CN_RES_REF }

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

{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_initials } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname \f" "}
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_name }
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_address }

Dear { IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Sirs" "{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname }"}

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }

Please find attached copy letter of notification in relation to a potential clinical negligence claim arising out of the circumstances of { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 } treatment when { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } was admitted to { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } under the care of { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }.

Do not hesitate to contact me if you require any further information.

{ IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Yours Faithfully" " Yours Sincerely"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N170 Listing Questionnaire

Listing questionnaire
(Pre-trial checklist)

To be completed by, or on behalf of,
{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
who is [1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~][Claimant][~~Defendant~~]
[~~Part 20 claimant~~][~~Part 20 defendant~~] in this claim

Name of court { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }	
Claim No.	{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }
Last date for filing with court office	{ MERGEFIELD FW_CN_CT_PRO_D1_FW_CN_D1_PTC_D }
Date(s) fixed for trial or trial period	{ FORMTEXT }

This form must be completed and returned to the court no later than the date given above. If not, your statement of case may be struck out or some other sanction imposed.

If the claim has settled, or settles before the trial date, you must let the court know immediately.

Legal representatives only: If no costs management order has been made. You must attach estimates of costs incurred to date, and of your likely overall costs. In substantial cases, these should be provided in compliance with CPR.

For multi-track claims only, you must also attach a proposed timetable for the trial itself.

A Confirmation of compliance with directions

1. I confirm that I have complied with those directions already given which require action by me. { FORMCHECKBOX }
   Yes { FORMCHECKBOX } No

   If you are unable to give confirmation, state which directions you have still to comply with and the date by which this will be done.

Directions	Date
{ FORMTEXT }	{ FORMTEXT }

2. I believe that additional directions are necessary before the trial takes place. { FORMCHECKBOX }
   Yes { FORMCHECKBOX } No

   If Yes, you should attach an application and a draft order.

   *Include in your application all directions needed to enable the claim **to be tried on the date, or within the trial period, already fixed.** These should include any issues relating to experts and their evidence, and any orders needed in respect of directions still requiring action by any other party.*

3. Have you agreed the additional directions you are seeking with the

other party(ies)? **{** FORMCHECKBOX **}**
Yes **{** FORMCHECKBOX **}** No

B Witnesses

1. How many witnesses (including yourself) will be giving evidence on your behalf at the trial? *(Do not include experts - see Section C)*

{ FORMTEXT **}**

Continued over

Witnesses continued

2. If the trial date is not yet fixed, are there any days within the trial period you or your witnesses would wish to avoid if possible? (Do not include experts - see Section C)

Please give details

Name of witness	Dates to be avoided, if possible	Reason
{ MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" } { MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" } { MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" } { MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" }	{ FORMTEXT }	{ FORMTEXT }
{ MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" } { MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" }	{ FORMTEXT }	{ FORMTEXT }

Please specify any special facilities or arrangements needed at court for the party or any witness (e.g. witness with a disability).

{ FORMTEXT }

3. Will you be providing an interpreter for any of your witnesses? { FORMCHECKBOX }
Yes { FORMCHECKBOX } No

C Experts

You are reminded that you may not use an expert's report or have your expert give oral evidence unless the court has given permission. If you do not have permission, you must make an application (see section A2 above)

1. Please give the information requested for your expert(s)

Name	Field of expertise	Joint expert?	Is report agreed?	Has permission been given for oral evidence?
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_SPEC }	{ FORMCHECKBOX } Yes { FOR	{ FORMCHECKBOX } Yes { FOR	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

		MCH ECK BOX } No	MCH ECK BOX } No	
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_SPEC }	{ FOR MCH ECK BOX } Yes { FOR MCH ECK BOX } No	{ FOR MCH ECK BOX } Yes { FOR MCH ECK BOX } No	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }	{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_SPEC }	{ FOR MCH ECK BOX } Yes { FOR MCH ECK BOX } No	{ FOR MCH ECK BOX } Yes { FOR MCH ECK BOX } No	{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

2. Has there been discussion between experts? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

3. Have the experts signed a joint statement? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

4. If your expert is giving oral evidence and the trial date is not yet fixed, is there any day within the trial period which the expert would wish to avoid, if possible? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please give details

Name	Dates to be avoided, if possible	Reason
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }= "" "{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_ORG_name" }" "{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }" }	{ FORMTEXT }	{ FORMTEXT }
{ IF { MERGEFIELD	{ FORMTEXT }	{ FORMTEXT }

FW_CN_MED_EXP_FW_CN_ME2_CON_surname **}**= "" "**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_ORG_name **}**" "**{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" **}**" **}**		
{ IF **{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname **}**= "" "**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_ORG_name **}**" "**{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" **}**" **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**
{ IF **{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname **}**= "" "**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_ORG_name **}**" "**{** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" **}**" **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**

D Legal representation

1. Who will be presenting your case at the trial? { FORMCHECKBOX } You { FORMCHECKBOX } Solicitor { FORMCHECKBOX } Counsel

2. If the trial date is not yet fixed, is there any day within the trial period that the person presenting your case would wish to avoid, if possible? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, please give details

Name	Dates to be avoided, if possible	Reason
{ FORMTEXT }	{ FORMTEXT }	{ FORMTEXT }

E The trial

1. Has the estimate of the time needed for trial changed? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

   If Yes, say how long you estimate the whole trial will take, including both parties' cross-examination and closing arguments { FORMTEXT } days { FORMTEXT } hours { FORMTEXT } minutes

2. If different from original estimate have you agreed with the other party(ies) that this is now the total time needed? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

3. Is the timetable for trial you have attached agreed with the other party(ies)? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

Fast track cases only

The court will normally give you 3 weeks notice of the date fixed for a fast track trial unless, in exceptional circumstances, the court directs that shorter notice will be given.

Would you be prepared to accept shorter notice of the date fixed for trial? { FORMCHECKBOX } Yes { FORMCHECKBOX } No

F Document and fee checklist

Tick as appropriate

I attach to this questionnaire –

{ FORMCHECKBOX } An application and fee for additional directions

{ FORMCHECKBOX } A proposed timetable for trial

{ FORMCHECKBOX } A draft order

{ FORMCHECKBOX } An estimate of costs

{ FORMCHECKBOX } Listing fee or quote your Fee Account no. { FORMTEXT }

Signature Your name and full postal address

[Legal Representative for the]
[1st][~~2nd~~][~~3rd~~][~~{ FORMTEXT }~~]
[Claimant][~~Defendant~~][~~Part 20 claimant~~]

Date

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

{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" }
{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }
{ MERGEFIELD "PRACTICEINFO_HOUSE" }{ MERGEFIELD "PRACTICEINFO_AREA" }{ MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" }{ MERGEFIELD "PRACTICEINFO_COUNTY" }

Postcode { MERGEFIELD PRACTICEINFO_POSTCODE }

If applicable	
Telephone no.	{ MERGEFIELD PRACTICEINFO_PHONE_NO }
Fax no.	{ MERGEFIELD PRACTICEINFO_FAX_NO }
DX no.	{ MERGEFIELD PRACTICEINFO_DX_NO }
Your ref.	{ MERGEFIELD "MATTER_FEE_EARNER_ID" }\{ MERGEFIELD "client_no" }\{ MERGEFIELD "matter_no" }

Email	{ MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }

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Continuation

To be completed by, or on behalf of,

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

who is [1st][~~2nd~~][~~3rd~~][~~**{** FORMTEXT **}**~~][Claimant][~~Defendant~~]
[~~Part 20 claimant~~][~~Part 20 defendant~~] in this claim

Name of court **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name **}**	
Claim No.	**{** MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**
Last date for filing with court office	**{** MERGEFIELD FW_CN_CT_PRO_D1_FW_CN_D1_PTC_D **}**
Date(s) fixed for trial or trial period	**{** FORMTEXT **}**

2. If the trial date is not yet fixed, are there any days within the trial period you or your witnesses would wish to avoid if possible? (Do not include experts - see Section C)

Please give details

Name of witness	Dates to be avoided, if possible	Reason
{ MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**
{ MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" **} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" **}**	**{** FORMTEXT **}**	**{** FORMTEXT **}**

C Experts

You are reminded that you may not use an expert's report or have your expert give oral evidence unless the court has given permission. If you do not have permission, you must make an application (see section A2 above)

1 Please give the information requested for your expert(s)
.

Name	Field of expertise	Joint expert?	Is report agreed?	Has permission been given for oral evidence?
{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" **} {** MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" **} {** MERGEFIELD	**{** MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_SPEC **}**	**{** FORMCHECKBOX	**{** FORMCHECKBOX	**{** FORMCHECKBOX **}** Yes **{**

"FW_CN_MED_EXP_FW_CN_ME4_CON_surname" **}**		**}** Yes **{** FORMCHECKBOX **}** No	**}** Yes **{** FORMCHECKBOX **}** No	FORMCHECKBOX **}** No

Letter to Counsel Enclosing Brief

and Bundle

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

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

{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_title **} {** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_initials **} {** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname **}**
{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_ORG_name **}**
{ MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_ORG_address **}**

Dear **{** IF **{** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname **}** = "" "Sirs" "**{** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_title **} {** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname **}**" **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

We have now received Notice that the above case has been listed for Trial on **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_D \@ "d"*ordinal**} {** MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_D \@ "MMMM yyyy"**}** at **{** MERGEFIELD FW_CN_COURT_FW_CN_CT_HEAR_T **}**.

We enclose Brief to Counsel to represent the Claimant.

Kindly acknowledge safe receipt.

Yours **{** IF **{** MERGEFIELD FW_CN_COUNSEL_FW_CN_COUN_CON_surname **}** = "" "Faithfully" "Sincerely" **}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Defendant 1 Enc Clients

NI

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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Our Client:	{ MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
National Insurance Number:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_NI }

Further to our previous correspondence, please find above my client's national insurance number for the purpose of recoverable benefits.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Court enc Pre Trial

Checklist

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

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

{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_address }

Dear Sirs

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

Please find enclosed Pre-Trial Checklist in the above matter.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to NHS Resolution with

Copy LoC

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

Your Ref: { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_REF }

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

{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_initials } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname \f" "}
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_name }
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_ORG_address }

Dear { IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Sirs" "{ MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_title } { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname }"}

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }

Please find attached copy letter of claim in relation to a potential incident of clinical negligence arising out of the circumstances of { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 } treatment when { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } was admitted to { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } under the care of { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }.

Do not hesitate to contact me if you require any further information.

{ IF { MERGEFIELD FW_CN_CONTACTS_FW_CN_RES_CON_surname } = "" "Yours Faithfully" " Yours Sincerely"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Client Enc Expert 2

Authorities for Sig

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" }
{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Further to previous correspondence, please find enclosed Form of Authority for the instruction of { IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }<> "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_forename } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_ORG_name }" } as medical expert{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }= "" "s" "" }. Kindly sign and return the same to us.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Client Enc Expert 3

Authorities for Sig

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" } { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Further to previous correspondence, please find enclosed Form of Authority for the instruction of { IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }<> "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_forename } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_ORG_name }" } as medical expert{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }= "" "s" "" }. Kindly sign and return the same to us.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Client Enc Expert 4

Authorities for Sig

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" } { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Further to previous correspondence, please find enclosed Form of Authority for the instruction of { IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }<> "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_forename } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_ORG_name }" } as medical expert{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }= "" "s" "" }. Kindly sign and return the same to us.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Client with Advice

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" }
{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction Expert 4

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

I refer to previous correspondence and e-mails in this potential claim.

Thank you for agreeing to review this case in response to our initial enquiry. We note your charging rates and confirm that these are acceptable.

As I explained in earlier correspondence, in the case we are instructed by { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } in relation to a potential clinical negligence claim arising out of the circumstances of { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } treatment when { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } was admitted to { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } under the care of { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" } having[ ].

To assist you in your report, we enclose copies of the following:

1. Client's statement re the circumstances giving rise to the allegations of negligence

2. We refer you to the statement and our original letter of approach by way of background information.

Our client's allegation is that

Review Clinical Records

Please review the records to determine whether our client can demonstrate on the balance of probabilities that the treatment afforded to **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "him" "her" **}** fell below the standard of care **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** was entitled to expect. The relevant standard of care is whether the medical staff's conduct fell below the standard that could have been expected from a responsible body of competent health professionals in the same fields who were skilled in their art at that time. It is the relevant standard of medical care prevailing rather than that which prevails now.

Please confirm that all of the relevant clinical notes have been disclosed to your satisfaction.

Law

Questions

We should be grateful if you would consider the following questions in your report. However, we value your views generally, and we ask that you do not restrict your report to dealing with these points only:

1.

Standard of Proof

It is for our client to prove each element of the claim, on the balance of probabilities, that is, more likely than not. It is not necessary for our client to prove matters beyond reasonable doubt, as in criminal matters.

[Factual Disputes]

It is for the court and not the experts, to resolve factual disputes. Where a factual matter is pertinent to a conclusion, the conclusion should be provided in the alternative.

Liability

It is also for our client to prove that the hospital staff failed to reach the appropriate standard of care. Consequently, it will be necessary to show that the hospital staff failed to take such action as a reasonably competent health professional in the same fields would have done. If a substantial body of reasonably competent health professional in the same fields would, on the balance of probabilities, have taken the course of action that the healthcare professionals did in this case, then our client cannot say that they have been negligent.

If the body of health professionals referred to above, would have taken the same approach as the health professional in this case, they should be able to demonstrate a logical basis for this decision. If you are aware of any argument that the defendant may put forward in respect of this case, we would welcome your view as to whether any such argument has a sound medical basis. If you are aware of any counter arguments which may be put forward, we also look forward to hearing those.

Causation

If and when we have successfully established fault on the part of the health professional it will then be necessary to show that the fault did, on the balance of probabilities, directly cause or materially contribute to the damage/loss of which our client complains (again on the balance of probabilities. If our client would have suffered [ ] in any event, regardless of the negligent acts which may be identified, then it will not be possible for our client to receive compensation.

A material contribution does not have to be a substantial contribution, and causation may be established if the contribution was more than negligible/de minimis to the Claimant's injury.

Again, if you are aware of any arguments which the defendant may put forward on causation, together with any counter arguments, we look forward to considering these.

Please consider the liability of the hospital staff by reference to contemporary medical literature.

Structure of Report

Please produce your report in the normal A4 style and please ensure that your report is identified by number or purpose (e.g. preliminary) so that easy reference can be made in the future. Please also identify the clinical notes referred to in your report precisely and use the page numbers referred to in the enclosed A4 file of notes. It would also be of assistance if you would explain any complicated terminology and use diagrams where appropriate.

Please also provide an appendix to your report giving details of your qualifications and experience and also providing copies of any literature upon which you have relied.

Please also ensure that in order to comply with the Court rules you should insert above your signature, a statement that the contents of your report are true to the best of your knowledge and belief.

Meeting with Client

If it is necessary for our client to attend upon you, please let us know so that we can make suitable arrangements.

Further Evidence

Conference with Counsel

There is a possibility that upon receipt of your report, we will wish to hold a conference with Counsel at which we would appreciate your attendance. Please let us have details of any dates that you know you will not be able to attend in the twelve weeks after you send your report to us.

You may or may not be aware that the Part 35 CPR Rules have changed in respect of the statement of truth that is now required in an expert's report. The new declaration should be worded as follows: 'I confirm that I have made clear which facts and matters 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 that I have expressed represent my true and complete professional opinions on the matters to which they refer'.

Should you require any further information, please do not hesitate to contact us. Once again

we thank you for your assistance in this matter.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Notification Defendant 1

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

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Letter of Notification

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We have been instructed to act on behalf of { MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "CLI1_ADD_INFO_FW_CLI1_MNAME" } { MERGEFIELD "LINKNAME_SURNAME_1" } in relation to treatment carried out/care provided at { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } by { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" }" } on { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}.

The purpose of this letter is to notify you that, although we are not yet in a position to serve a formal Letter of Claim, our initial investigations indicate that a case as to breach of duty and/or causation has been identified. We therefore invite you to commence your own investigation and draw your attention to the fact that failure to do may be taken into account when considering the reasonableness of any subsequent application for an extension of time for the Letter of Response.

Defendant

We understand that you are the correct defendant in respect of treatment provided by **{** IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME **} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME **}** " "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" **}**" **}** at **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC **}** on **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal**} {** MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"**}**. If you do not agree, please provide us with any information you have that may assist us to identify the correct defendant. Failure to do so may result in costs sanctions should proceedings be issued.

Summary of Facts and Alleged Adverse Outcome

[Outline what is alleged to have happened and provide a chronology of events with details of relevant known treatment/care.]

Medical Records

[Provide index of records obtained and request for further records/information if required.]

Allegations of Negligence

[Brief outline of any alleged breach of duty and causal link with any damage suffered.]

Expert Evidence

[State whether expert evidence has been obtained or is awaited and, if so, the relevant discipline.]

Damage

[Brief outline of any injuries attributed to the alleged negligence and their functional impact.]

Funding

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement entered in to after April 2013." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy obtained before/after April 2013" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[state method of funding and whether arrangement was entered into before or after April 2013]" "" **}**

Rehabilitation

As a result of the allegedly negligent treatment, our client has injuries/needs that could be met by rehabilitation. We invite you to consider how this could be achieved.

Limitation

For the purposes of limitation, we calculate that any proceedings will need to be issued on or

before **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_PRILIM \@"d"*Ordinal **}** **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_PRILIM \@"MMMM yyyy"**}**.

Please acknowledge this letter by **{** MERGEFIELD fssm_TodayPlus14Days \@"d"*Ordinal **}** **{** MERGEFIELD fssm_TodayPlus14Days \@"MMMM yyyy" **}** and confirm to whom any Letter of Claim should be sent. We enclose a duplicate of the letter for your insurer.

Recoverable Benefits

The claimant's National Insurance Number will be sent to you in a separate envelope.

We look forward to hearing from you.

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "Yours Sincerely" " Yours Faithfully"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter to Client Enc Expert 1

Authorities for Sig

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" } { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Further to previous correspondence, please find enclosed Form of Authority for the instruction of { IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }<> "" "{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }" "{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_ORG_name" }" } as medical expert{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }= "" "s" "" }. Kindly sign and return the same to us.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter requesting medical records

pagination

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

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

{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_title **} {** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_initials **} {** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname **}**
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_ORG_name **}**
{ MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_ORG_address **}**

Dear **{** IF **{** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname **}**= "" "Sirs" "**{** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_title **} {** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname **}**" **}**

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

I enclose herewith, our above-named client's medical records and should be most grateful if you would kindly consider and paginate the records and organise them into a suitable format for consideration by the experts, also to draft a chronology and index to go with the bundle.

Also enclosed is a copy of our client's Statement by way of background information.

I look forward to receiving your observations generally about any issues which you come across whilst paginating the records.

If you require any additional information, please do not hesitate to contact me.

Many thanks for your assistance.

{ IF **{** MERGEFIELD FW_CN_CONTACTS_FW_CN_PAG_CON_surname **}**= "" "Yours Faithfully" "Yours Sincerely" **}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction Expert 1

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }{ FORMTEXT }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

I refer to previous correspondence and e-mails in this potential claim.

Thank you for agreeing to review this case in response to our initial enquiry. We note your charging rates and confirm that these are acceptable.

As I explained in earlier correspondence, in the case we are instructed by { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } in relation to a potential clinical negligence claim arising out of the circumstances of { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } treatment when { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } was admitted to { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } under the care of { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" } having[ ].

To assist you in your report, we enclose copies of the following:

1. Client's statement re the circumstances giving rise to the allegations of negligence

2. We refer you to the statement and our original letter of approach by way of background information.

Our client's allegation is that

Review Clinical Records

Please review the records to determine whether our client can demonstrate on the balance of probabilities that the treatment afforded to **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "him" "her" **}** fell below the standard of care **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** was entitled to expect. The relevant standard of care is whether the medical staff's conduct fell below the standard that could have been expected from a responsible body of competent health professionals in the same fields who were skilled in their art at that time. It is the relevant standard of medical care prevailing rather than that which prevails now.

Please confirm that all of the relevant clinical notes have been disclosed to your satisfaction.

Law

Questions

We should be grateful if you would consider the following questions in your report. However, we value your views generally, and we ask that you do not restrict your report to dealing with these points only:

1.

Standard of Proof

It is for our client to prove each element of the claim, on the balance of probabilities, that is, more likely than not. It is not necessary for our client to prove matters beyond reasonable doubt, as in criminal matters.

[Factual Disputes]

It is for the court and not the experts, to resolve factual disputes. Where a factual matter is pertinent to a conclusion, the conclusion should be provided in the alternative.

Liability

It is also for our client to prove that the hospital staff failed to reach the appropriate standard of care. Consequently, it will be necessary to show that the hospital staff failed to take such action as a reasonably competent health professional in the same fields would have done. If a substantial body of reasonably competent health professional in the same fields would, on the balance of probabilities, have taken the course of action that the healthcare professionals did in this case, then our client cannot say that they have been negligent.

If the body of health professionals referred to above, would have taken the same approach as the health professional in this case, they should be able to demonstrate a logical basis for this decision. If you are aware of any argument that the defendant may put forward in respect of this case, we would welcome your view as to whether any such argument has a sound medical basis. If you are aware of any counter arguments which may be put forward, we also look forward to hearing those.

Causation

If and when we have successfully established fault on the part of the health professional it will then be necessary to show that the fault did, on the balance of probabilities, directly cause or materially contribute to the damage/loss of which our client complains (again on the balance of probabilities. If our client would have suffered [ ] in any event, regardless of the negligent acts which may be identified, then it will not be possible for our client to receive compensation.

A material contribution does not have to be a substantial contribution, and causation may be established if the contribution was more than negligible/de minimis to the Claimant's injury.

Again, if you are aware of any arguments which the defendant may put forward on causation, together with any counter arguments, we look forward to considering these.

Please consider the liability of the hospital staff by reference to contemporary medical literature.

Structure of Report

Please produce your report in the normal A4 style and please ensure that your report is identified by number or purpose (e.g. preliminary) so that easy reference can be made in the future. Please also identify the clinical notes referred to in your report precisely and use the page numbers referred to in the enclosed A4 file of notes. It would also be of assistance if you would explain any complicated terminology and use diagrams where appropriate.

Please also provide an appendix to your report giving details of your qualifications and experience and also providing copies of any literature upon which you have relied.

Please also ensure that in order to comply with the Court rules you should insert above your signature, a statement that the contents of your report are true to the best of your knowledge and belief.

Meeting with Client

If it is necessary for our client to attend upon you, please let us know so that we can make suitable arrangements.

Further Evidence

Conference with Counsel

There is a possibility that upon receipt of your report, we will wish to hold a conference with Counsel at which we would appreciate your attendance. Please let us have details of any dates that you know you will not be able to attend in the twelve weeks after you send your report to us.

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Should you require any further information, please do not hesitate to contact us. Once again we thank you for your assistance in this matter.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction Expert 2

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

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Our client's allegation is that

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Structure of Report

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Conference with Counsel

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Should you require any further information, please do not hesitate to contact us. Once again

we thank you for your assistance in this matter.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Instruction 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 }

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

I refer to previous correspondence and e-mails in this potential claim.

Thank you for agreeing to review this case in response to our initial enquiry. We note your charging rates and confirm that these are acceptable.

As I explained in earlier correspondence, in the case we are instructed by { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } in relation to a potential clinical negligence claim arising out of the circumstances of { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } treatment when { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } was admitted to { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } under the care of { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" } having[ ].

To assist you in your report, we enclose copies of the following:

1. Client's statement re the circumstances giving rise to the allegations of negligence

2. We refer you to the statement and our original letter of approach by way of background information.

Our client's allegation is that

Review Clinical Records

Please review the records to determine whether our client can demonstrate on the balance of probabilities that the treatment afforded to **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "him" "her" **}** fell below the standard of care **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "he" "she" **}** was entitled to expect. The relevant standard of care is whether the medical staff's conduct fell below the standard that could have been expected from a responsible body of competent health professionals in the same fields who were skilled in their art at that time. It is the relevant standard of medical care prevailing rather than that which prevails now.

Please confirm that all of the relevant clinical notes have been disclosed to your satisfaction.

Law

Questions

We should be grateful if you would consider the following questions in your report. However, we value your views generally, and we ask that you do not restrict your report to dealing with these points only:

1.

Standard of Proof

It is for our client to prove each element of the claim, on the balance of probabilities, that is, more likely than not. It is not necessary for our client to prove matters beyond reasonable doubt, as in criminal matters.

[Factual Disputes]

It is for the court and not the experts, to resolve factual disputes. Where a factual matter is pertinent to a conclusion, the conclusion should be provided in the alternative.

Liability

It is also for our client to prove that the hospital staff failed to reach the appropriate standard of care. Consequently, it will be necessary to show that the hospital staff failed to take such action as a reasonably competent health professional in the same fields would have done. If a substantial body of reasonably competent health professional in the same fields would, on the balance of probabilities, have taken the course of action that the healthcare professionals did in this case, then our client cannot say that they have been negligent.

If the body of health professionals referred to above, would have taken the same approach as the health professional in this case, they should be able to demonstrate a logical basis for this decision. If you are aware of any argument that the defendant may put forward in respect of this case, we would welcome your view as to whether any such argument has a sound medical basis. If you are aware of any counter arguments which may be put forward, we also look forward to hearing those.

Causation

If and when we have successfully established fault on the part of the health professional it will then be necessary to show that the fault did, on the balance of probabilities, directly cause or materially contribute to the damage/loss of which our client complains (again on the balance of probabilities. If our client would have suffered [ ] in any event, regardless of the negligent acts which may be identified, then it will not be possible for our client to receive compensation.

A material contribution does not have to be a substantial contribution, and causation may be established if the contribution was more than negligible/de minimis to the Claimant's injury.

Again, if you are aware of any arguments which the defendant may put forward on causation, together with any counter arguments, we look forward to considering these.

Please consider the liability of the hospital staff by reference to contemporary medical literature.

Structure of Report

Please produce your report in the normal A4 style and please ensure that your report is identified by number or purpose (e.g. preliminary) so that easy reference can be made in the future. Please also identify the clinical notes referred to in your report precisely and use the page numbers referred to in the enclosed A4 file of notes. It would also be of assistance if you would explain any complicated terminology and use diagrams where appropriate.

Please also provide an appendix to your report giving details of your qualifications and experience and also providing copies of any literature upon which you have relied.

Please also ensure that in order to comply with the Court rules you should insert above your signature, a statement that the contents of your report are true to the best of your knowledge and belief.

Meeting with Client

If it is necessary for our client to attend upon you, please let us know so that we can make suitable arrangements.

Further Evidence

Conference with Counsel

There is a possibility that upon receipt of your report, we will wish to hold a conference with Counsel at which we would appreciate your attendance. Please let us have details of any dates that you know you will not be able to attend in the twelve weeks after you send your report to us.

You may or may not be aware that the Part 35 CPR Rules have changed in respect of the statement of truth that is now required in an expert's report. The new declaration should be worded as follows: 'I confirm that I have made clear which facts and matters 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 that I have expressed represent my true and complete professional opinions on the matters to which they refer'.

Should you require any further information, please do not hesitate to contact us. Once again

we thank you for your assistance in this matter.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Claim Defendant 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 }

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

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_ADD }" "The Chief Executive
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }
{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_address }" }

Dear { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "Sirs" }

Letter of Claim

Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }
Address:	{ MERGEFIELD CALCULATION_ADDRESS }
DOB:	{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }
NHS Number:	{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_NHS_NUM }

We have been instructed to act on behalf of { MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "CLI1_ADD_INFO_FW_CLI1_MNAME" } { MERGEFIELD "LINKNAME_SURNAME_1" } in relation to treatment carried out/care provided at { MERGEFIELD FW_CN_DEF1_FW_CN_D1_HOS_TC } by { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }
" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_title" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_forename" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_DR_surname" }" } on { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"d"*Ordinal} { MERGEFIELD FW_CN_DEF1_FW_CN_D1_NEG_DT \@"MMMM yyyy"}. Please let us know if you do not believe that you are the appropriate defendant or if you are aware of any other potential defendants.

Dates of allegedly negligent treatment

[Include chronology based on medical records.]

Events giving rise to the claim:

[An outline of what happened, including details of other relevant treatments to the client by other healthcare providers.]

Allegation of negligence and causal link with injuries:

- [an outline of the allegations or a more detailed list in a complex case;
- an outline of the causal link between allegations and the injuries complained of;
- A copy of any supportive expert evidence (optional).]

The Client's injuries, condition and future prognosis

- [A copy of any supportive expert report (optional);
- Suggestions for rehabilitation;
- The discipline of any expert evidence obtained or proposed.]

Clinical records (if not previously provided)

We enclose an index of all the relevant records that we hold. We shall be happy to provide copies of these on payment of our photocopying charges.

We enclose a request for copies of the following records which we believe that you hold. We confirm that we shall be responsible for your reasonable copying charges. Failure to provide these records may result in costs sanctions if proceedings are issued.

The likely value of the claim

- an outline of the main heads of damage, or, in straightforward cases, the details of loss;
- suggestions for ADR.

{ IF **{** MERGEFIELD FW_CN_P36_OFFER_FW_CN_NOC_P36 **}** = "Yes" "
[Details of Part 36 settlement offer]
" "" **}**

Funding

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement entered in to after April 2013." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy obtained before/after April 2013" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[state method of funding and whether arrangement was entered into before or after April 2013]" "" **}**

We enclose a further copy of this letter for you to pass to your insurer. We look forward to receiving an acknowledgment of this letter within 14 days and your Letter of Response within 4 months of the date on which this letter was received. We calculate the date for receipt of your Letter of Response to be **{** MERGEFIELD "fssm_TodayPlus4Months" \@ "d" * Ordinal**}** **{** MERGEFIELD "fssm_TodayPlus4Months" \@ "'of' MMMM, yyyy" **}**.

Recoverable Benefits

The claimant's National Insurance Number will be sent to you in a separate envelope.

We look forward to hearing from you.

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** = "" "Yours Sincerely" " Yours Faithfully"**}**

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Approach Expert 2

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

We act on behalf of the above named client in relation to a potential clinical negligence claim arising out of the circumstances of their treatment provided by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

Summary

Our purpose in writing to you is to see whether you would be willing and able to comment on the liability/causation/condition and prognosis issues in this matter. We would ask you to look at the standard of care afforded to our client by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

If you are willing and able to provide a report looking at these issues, we should be grateful if you would respond to the following points so as to avoid any misunderstanding in the future.

1. That you are willing to act on behalf of our client in this claim and will prepare a report on the liability and causal aspects of this potential claim. In your capacity as an expert witness, this will involve your preparing any supplementary reports, attending at conference with counsel, examining the defendant's medical evidence, attending at any expert witness meetings and subsequently attending Trial to provide all evidence. Of course, this does not represent an exhaustive list of your potential work

relating to this matter, but we feel it appropriate to inform you of the potential work load prior to formal instructions being sent.

2. [That you were practicing as a NHS specialist at the material time]

3. The fact there is no potential conflict of interest in your reporting on this matter.

4. Your hourly charging rate and the anticipated fee for your report;

5. The time for you to prepare your initial report following our instructions.

6. That to comment on the issues noted above is within your area of specialism.

7. Please provide an up-to-date CV with details of any clinical and medico-legal experience.

We thank you in advance for your assistance in this matter.

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[Please Stata how the client is funded]" "" **}**

Should you require any further information, please do not hesitate to contact the writer on the above number.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Approach Expert 4

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

We act on behalf of the above named client in relation to a potential clinical negligence claim arising out of the circumstances of their treatment provided by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

Summary

Our purpose in writing to you is to see whether you would be willing and able to comment on the liability/causation/condition and prognosis issues in this matter. We would ask you to look at the standard of care afforded to our client by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

If you are willing and able to provide a report looking at these issues, we should be grateful if you would respond to the following points so as to avoid any misunderstanding in the future.

1. That you are willing to act on behalf of our client in this claim and will prepare a report on the liability and causal aspects of this potential claim. In your capacity as an expert witness, this will involve your preparing any supplementary reports, attending at conference with counsel, examining the defendant's medical evidence, attending at any expert witness meetings and subsequently attending Trial to provide all evidence. Of course, this does not represent an exhaustive list of your potential work

relating to this matter, but we feel it appropriate to inform you of the potential work load prior to formal instructions being sent.

2. [That you were practicing as a NHS specialist at the material time]

3. The fact there is no potential conflict of interest in your reporting on this matter.

4. Your hourly charging rate and the anticipated fee for your report;

5. The time for you to prepare your initial report following our instructions.

6. That to comment on the issues noted above is within your area of specialism.

7. Please provide an up-to-date CV with details of any clinical and medico-legal experience.

We thank you in advance for your assistance in this matter.

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[Please Stata how the client is funded]" "" **}**

Should you require any further information, please do not hesitate to contact the writer on the above number.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Approach Expert 3

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

We act on behalf of the above named client in relation to a potential clinical negligence claim arising out of the circumstances of their treatment provided by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

Summary

Our purpose in writing to you is to see whether you would be willing and able to comment on the liability/causation/condition and prognosis issues in this matter. We would ask you to look at the standard of care afforded to our client by **{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.**

If you are willing and able to provide a report looking at these issues, we should be grateful if you would respond to the following points so as to avoid any misunderstanding in the future.

1. That you are willing to act on behalf of our client in this claim and will prepare a report on the liability and causal aspects of this potential claim. In your capacity as an expert witness, this will involve your preparing any supplementary reports, attending at conference with counsel, examining the defendant's medical evidence, attending at any expert witness meetings and subsequently attending Trial to provide all evidence. Of course, this does not represent an exhaustive list of your potential work

relating to this matter, but we feel it appropriate to inform you of the potential work load prior to formal instructions being sent.

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3. The fact there is no potential conflict of interest in your reporting on this matter.

4. Your hourly charging rate and the anticipated fee for your report;

5. The time for you to prepare your initial report following our instructions.

6. That to comment on the issues noted above is within your area of specialism.

7. Please provide an up-to-date CV with details of any clinical and medico-legal experience.

We thank you in advance for your assistance in this matter.

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[Please Stata how the client is funded]" "" **}**

Should you require any further information, please do not hesitate to contact the writer on the above number.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Acknowledgement 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 }

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Thank you for providing a copy of your report and invoice. { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Legal Aid" "We confirm we have sent your invoice to the Legal Aid Agency and have applied for monies in order that we can settle your account in the not too distant future." " We confirm we have sent your invoice to our client in order that your account can be settled" }

In the meantime we will consider your report with our client and revert to you if there are any issues arising.

Thank you for your continuing assistance.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Approach Expert 1

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

We act on behalf of the above named client in relation to a potential clinical negligence claim arising out of the circumstances of their treatment provided by { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.

Summary

Our purpose in writing to you is to see whether you would be willing and able to comment on the liability/causation/condition and prognosis issues in this matter. We would ask you to look at the standard of care afforded to our client by { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }.

If you are willing and able to provide a report looking at these issues, we should be grateful if you would respond to the following points so as to avoid any misunderstanding in the future.

1. That you are willing to act on behalf of our client in this claim and will prepare a report on the liability and causal aspects of this potential claim. In your capacity as an expert witness, this will involve your preparing any supplementary reports, attending at conference with counsel, examining the defendant's medical evidence, attending at any expert witness meetings and subsequently attending Trial to provide all evidence. Of course, this does not represent an exhaustive list of your potential work

relating to this matter, but we feel it appropriate to inform you of the potential work load prior to formal instructions being sent.

2. [That you were practicing as a NHS specialist at the material time]

3. The fact there is no potential conflict of interest in your reporting on this matter.

4. Your hourly charging rate and the anticipated fee for your report;

5. The time for you to prepare your initial report following our instructions.

6. That to comment on the issues noted above is within your area of specialism.

7. Please provide an up-to-date CV with details of any clinical and medico-legal experience.

We thank you in advance for your assistance in this matter.

{ IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Legal Aid" "Our Client has the benefit of Public Funding." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "CFA" "We are acting for our client under a Conditional Fee Agreement." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Private" "Our client is privately funded." "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "BTE Insurance" "Our client is funded by a Before the Event Insurance policy" "" **}{** IF **{** MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN **}** = "Other" "[Please Stata how the client is funded]" "" **}**

Should you require any further information, please do not hesitate to contact the writer on the above number.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Acknowledgement 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 }

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Thank you for providing a copy of your report and invoice. { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Legal Aid" "We confirm we have sent your invoice to the Legal Aid Agency and have applied for monies in order that we can settle your account in the not too distant future." " We confirm we have sent your invoice to our client in order that your account can be settled" }

In the meantime we will consider your report with our client and revert to you if there are any issues arising.

Thank you for your continuing assistance.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Form N244 Application Notice

N244

Application notice

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

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-andtribunals-service/about/personal-informationcharter

Name of court { FORMTEXT }	**Claim no.** { FORMTEXT }
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_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } { MERGEFIELD MATTER_FEE_EARNER_ID }\{ MERGEFIELD client_no }\{ MERGEFIELD matter_no }	
Defendant's name (including ref.) { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }	
Date	{ FORMTEXT }

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

{ FORMTEXT }

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? Claimant

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

{ FORMTEXT }

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?	**{** **}** No FORMCHECKBOX **}** 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.

{ 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 section 10 (and any continuation sheets) are true.

{ FORMCHECKBOX } The Applicant believes that the facts stated in section 10 (and any continuation sheets) are true. I am authorised by the applicant to sign this statement.

Signature

{ FORMCHECKBOX } Applicant

{ FORMCHECKBOX } Litigation friend (where applicant is a Child or Protected Party)

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

Date

Day	Month	Year
{ FORM TEXT **}**	**{** FORM TEXT **}**	**{** FORM TEXT **}**

Full name

{ FORMTEXT **}**

Name of applicant's legal representative's firm

{ FORMTEXT **}**

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

{ FORMTEXT **}**

Applicant’s address to which documents should be sent.

Building and street
{ FORMTEXT }

Second line of address
{ FORMTEXT }

Town or city
{ FORMTEXT }

County (optional)
{ FORMTEXT }

Postcode
{ FORMTEXT }

If applicable

Phone number
{ FORMTEXT }

Fax phone number
{ FORMTEXT }

DX number
{ FORMTEXT }

Your Ref.
{ FORMTEXT }

Email
{ FORMTEXT }

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Letter of Acknowledgement Expert

2

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

Thank you for providing a copy of your report and invoice. { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "Legal Aid" "We confirm we have sent your invoice to the Legal Aid Agency and have applied for monies in order that we can settle your account in the not too distant future." " We confirm we have sent your invoice to our client in order that your account can be settled" }

In the meantime we will consider your report with our client and revert to you if there are any issues arising.

Thank you for your continuing assistance.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Letter of Acknowledgement 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 }

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

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{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Expert 2 - Dates to Avoid

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

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME2_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME2_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

You will no doubt recall having prepared a Medical Report dated { ASK repdate "Enter the date of the report."}{ REF repdate \@"d MMMM yyyy" * MERGEFORMAT } on the injuries sustained by our above-named client.

We have now reached the stage where the case is finally ready to be set down for Trial. At this stage the Defendants' Solicitors have not formally agreed your Report. It may be that they will do so, but we must assume that they will not at this stage.

Would you please provide us with the following:

1. A list of all of the dates that must be avoided if you are to attend Court to give oral evidence;
2. Your charges for attending Court, taking into account that the Trial will take place at { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name };
3. Your cancellation charges for late notification that you are no longer required to attend Court.

We are obliged to supply the Court with these details by { ASK courtdetdate "Enter the date by which dates to Court must be supplied."}{ REF courtdetdate\@"d MMMM yyyy" * MERGEFORMAT }, and we would therefore be grateful to receive your reply as soon as possible.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Expert 3 - Dates to Avoid

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

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME3_CON_surname" }
{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME3_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

You will no doubt recall having prepared a Medical Report dated { ASK repdate "Enter the date of the report."}{ REF repdate \@"d MMMM yyyy" * MERGEFORMAT } on the injuries sustained by our above-named client.

We have now reached the stage where the case is finally ready to be set down for Trial. At this stage the Defendants' Solicitors have not formally agreed your Report. It may be that they will do so, but we must assume that they will not at this stage.

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Expert 4 - Dates to Avoid

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_title" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_forename" } { MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME4_CON_surname" }
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Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME4_CON_surname }

Re: Our Client: **{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
Address: **{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
Date of Birth: **{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

You will no doubt recall having prepared a Medical Report dated { ASK repdate "Enter the date of the report."}{ REF repdate \@"d MMMM yyyy" * MERGEFORMAT } on the injuries sustained by our above-named client.

We have now reached the stage where the case is finally ready to be set down for Trial. At this stage the Defendants' Solicitors have not formally agreed your Report. It may be that they will do so, but we must assume that they will not at this stage.

Would you please provide us with the following:

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Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Explanation of Words Used

Explanation of Words Used

Advocacy

Appearing for you at court hearings.

Basic charges

Our charges for the legal work we do on your claim for damages.

Claim

Your demand for damages for personal injury whether or not court proceedings are issued.

Counterclaim

A claim that your opponent makes against you in response to your claim.

Damages

Money that you win whether by a court decision or settlement.

Our disbursements

Payment we make on your behalf such as:

- court fees;
- experts' fees;
- accident report fees;
- travelling expenses.

Interim damages

Money that a court says your opponent must pay or your opponent agrees to pay while waiting for a settlement or the court's final decision.

Interim hearing

A court hearing that is not final.

Lien

Our right to keep all papers, documents, money or other property held on your behalf until all money due to us is paid. A lien may be applied after this agreement ends.

Lose

The court has dismissed your claim or you have stopped it on our advice.

Part 36 offers or payments

An offer to settle your claim made in accordance with Part 36 of the Civil Procedure Rules.

Provisional damages

Money that a court says your opponent must pay or your opponent agrees to pay, on the basis that you will be able to go back to court at a future date for further damages if:

- you develop a serious disease; or
- your condition deteriorates;

in a way that has been proved or admitted to be linked to your personal injury claim.

Success fee

The percentage of basic charges that we add to your bill if you win your claim for damages and that we will seek to recover from your opponent.

Trial

The final contested hearing or the contested hearing of any issue to be tried separately and a reference to a claim concluding at trial includes a claim settled after the trial has commenced or a judgment.

Win

Your claim for damages is finally decided in your favour, whether by a court decision or an agreement to pay you damages or in any way that you derive benefit from pursuing the claim.

'Finally' means that your opponent:

- is not allowed to appeal against the court decision; or
- has not appealed in time; or
- has lost any appeal.

EX160 - Apply for help with court

and tribunal fee

Apply for help with fees

Reference (office use only)

{ FORMTEXT }

If you have little or no savings and are on certain benefits or have a low income, you may not have to pay a court or tribunal fee, or you may get some money off.

{ INCLUDEPICTURE "https://pixabay/photo/04/01/9/curso23231_720.png MERGEFORMATINET

gov.uk/help-with-court-fees

1. Your personal details

Title

{ MERGEFIELD LINKNAME_TITLE_1 }

First and middle names

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME }

Last name

{ MERGEFIELD LINKNAME_SURNAME_1 }

Date of birth

{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB }

National Insurance number

{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_NI }

Home Office reference no. (if applicable)

{ FORMTEXT }

Complete this form using **CAPITAL LETTERS.**

The information you provide needs to be accurate as it will act as evidence for your application. We'll contact you if we need to see proof of this information.

Home Office - You may have a Home Office reference number and not a National Insurance number.

2. What is your status?

{ FORMCHECKBOX } Single

{ FORMCHECKBOX } Married or living with someone and sharing an income

Your status - If your case is against your partner, such as a divorce, dissolution or domestic violence, tick **single**.
Do not include your partner's details in the following questions.

3. About your application

Form no.

{ FORMTEXT }

If no number, briefly describe eg. Small claim hearing fee.

{ FORMTEXT }

4. Do you have a case, claim or 'notice to pay' number?

{ FORMCHECKBOX } No

Case, claim or 'notice to pay' number - Find this

{ FORMCHECKBOX **}** Yes, the case, claim or ‘notice to pay’ number is

{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}**

number on letters from the court or tribunal.

5. Are you paying a fee for a probate case?

Probate - These cases are usually about the property and belongings of someone who has died.

{ FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Yes, the name of the deceased is

{ FORMTEXT **}**

Date of death

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

6. Have you already paid the fee?

Refunds - You can apply for a refund for a fee paid in the last 3 months.

If you're applying for a refund, answer questions 7 to 11 about your circumstances at the time you paid the fee and include proof of payment.

{ FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Yes, the fee was paid on

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

7. How much do you have in savings and investments?
(including your partner if you have one)

Savings - Include all savings and investments, eg ISAs or capital value from additional property you own.

If you have more than £16,000 then you won't be able to get help with your fees. See page 6 of the guide.

{ FORMCHECKBOX **}** Less than £3,000 → go to question 9

{ FORMCHECKBOX **}** More than £3,000 → go to question 8

8. Are you (or your partner) 61 or over?

{ FORMCHECKBOX **}** No. How much do you have in savings and investments?
(including your partner if you have one)

£**{** FORMTEXT **}**

{ FORMCHECKBOX **}** Yes. How much do you have in savings and investments?
(including your partner if you have one)

{ FORMCHECKBOX **}** Less than £16,000

{ FORMCHECKBOX **}** £16,000 or more

9. Do you receive any of the benefits listed below?

• Income-based Jobseeker's Allowance (JSA)

• Income-related Employment and Support Allowance (ESA)

• Income Support

• Universal Credit (and you're earning less than £6,000 a year)

• Pension Credit (guarantee credit)

• Scottish Civil Legal Aid
(not Advice and Assistance or Advice by Way of Representation)

{ FORMCHECKBOX **}** No → go to question 10

{ FORMCHECKBOX **}** Yes → go to question 12

Benefits - If you're receiving any of these benefits, you're likely to get help with your fees.

We'll contact the Department for Work and Pensions to confirm that you are (or were) getting one of these benefits.

10. Do you receive any of the benefits listed below?

{ FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Yes, **{** FORMTEXT **}** children

11.Do you or your partner have any other children that you support financially through maintenance payments?

{ FORMCHECKBOX **}** No

{ FORMCHECKBOX **}** Yes, **{** FORMTEXT **}** children

Children - A child is a person under 16 years old and up to 19 if in full-time education.

If you answered Yes to Questions 10 or 11, please ensure any Child Benefit, Child Tax Credit or income maintenance payments for them are included in Question 12.

12. What is your total monthly income, before tax and National Insurance?
(including your partner if you have one)

Some benefits shouldn't be included - e.g. Carer's Allowance, Housing Benefit or childcare element of Working Tax Credit. See full list on page 10 of the guide.

	Your monthly income	Your partner's monthly income
Wages (before tax and National Insurance deductions)	£{ FORMTEXT }	£{ FORMTEXT }
Child Benefit	£{ FORMTEXT }	£{ FORMTEXT }
Working Tax Credit	£{ FORMTEXT }	£{ FORMTEXT }
Child Tax Credit	£{ FORMTEXT }	£{ FORMTEXT }
Maintenance payments	£{ FORMTEXT }	£{ FORMTEXT }
Contribution-based Jobseekers Allowance (JSA)	£{ FORMTEXT }	£{ FORMTEXT }
Contribution-based Employment and Support Allowance (ESA)	£{ FORMTEXT }	£{ FORMTEXT }
Universal Credit (and you are earning more than £6,000 a year)	£{ FORMTEXT }	£{ FORMTEXT }
Pensions (state, work and private)	£{ FORMTEXT }	£{ FORMTEXT }
Rent from anyone living with you	£{ FORMTEXT }	£{ FORMTEXT }
Rent from other properties you own	£{ FORMTEXT }	£{ FORMTEXT }
Other income (please state): £{ FORMTEXT }	£{ FORMTEXT }	£{ FORMTEXT }
Total monthly income:	£{ FORMTEXT }	£{ FORMTEXT }

If you say you have no income in the table above, please tell us how you support yourself.

{ FORMTEXT }

12. Your contact details

Address

{ FORMTEXT }

Postcode

{ FORMTEXT }

Email

{ FORMTEXT }

Phone

{ FORMTEXT }

13. Declaration and statement of truth

I believe that my financial circumstances mean that I may be entitled to help with fees. I declare that the information I have given on this form is correct and complete. I understand that if I have given false information, criminal or civil proceedings may be brought against me.

I understand that if I have given false information or I do not provide evidence of the information given in this form if requested, my application may be rejected and the full fee will be payable.

Full name

{ FORMTEXT }

Signature

Date signed

{ FORMTEXT }

Please make sure you have accurately completed all the relevant questions and signed the declaration.

Return your completed form to the court or tribunal handling your case or claim.

Find contact details for all courts and tribunals at: gov.uk/find-court-tribunal

The Ministry of Justice and HM Courts and Tribunals Service processes personal information about you in the context of tribunal proceedings.

For details of the standards we follow when processing your data, please visit the following address https://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about/personal-information-charter

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Expert 1 - Dates to Avoid

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

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

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

{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_title" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_forename" }{ MERGEFIELD "FW_CN_MED_EXP_FW_CN_ME1_CON_surname" }{ IF { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compname } = "" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_address }" "{ MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_compaddress }" }

Dear { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_title } { MERGEFIELD FW_CN_MED_EXP_FW_CN_ME1_CON_surname }

Re:	**Our Client:**	**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }**
	Address:	**{ MERGEFIELD CLIENT_HOUSE }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { MERGEFIELD "CLIENT_POSTCODE" }**
	Date of Birth:	**{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"d"*Ordinal } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_DOB \@"MMMM yyyy"}**

You will no doubt recall having prepared a Medical Report dated { ASK repdate "Enter the date of the report."}{ REF repdate \@"d MMMM yyyy" * MERGEFORMAT } on the injuries sustained by our above-named client.

We have now reached the stage where the case is finally ready to be set down for Trial. At this stage the Defendants' Solicitors have not formally agreed your Report. It may be that they will do so, but we must assume that they will not at this stage.

Would you please provide us with the following:

1. A list of all of the dates that must be avoided if you are to attend Court to give oral evidence;
2. Your charges for attending Court, taking into account that the Trial will take place at { MERGEFIELD FW_CN_COURT_FW_CN_COURT_name };
3. Your cancellation charges for late notification that you are no longer required to attend Court.

We are obliged to supply the Court with these details by { ASK courtdetdate "Enter the date by which dates to Court must be supplied."}{ REF courtdetdate\@"d MMMM yyyy" * MERGEFORMAT }, and we would therefore be grateful to receive your reply as soon as possible.

Yours Sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Draft Witness 5 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS5_FWWIT5TITLE" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" * UPPER **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" * UPPER **}** of **{** MERGEFIELD FW_CN_WITNESS5_FWWIT5ADDRESS * UPPER **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

2 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

3 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

4 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

5 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

6 [*Set out the witness evidence in this and the following paragraphs*]

7 [*insert text*]

8 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS5_FWWIT5FORENAME" * UPPER**} {** MERGEFIELD "FW_CN_WITNESS5_FWWIT5SURNAME" * UPPER **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Witness 6 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS6_FWWIT6TITLE" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" * UPPER **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" * UPPER **} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" * UPPER **}** of **{** MERGEFIELD FW_CN_WITNESS6_FWWIT6ADDRESS * UPPER **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

2 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

3 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

4 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

5 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

6 [*Set out the witness evidence in this and the following paragraphs*]

7 [*insert text*]

8 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS6_FWWIT6FORENAME" * UPPER**} {** MERGEFIELD "FW_CN_WITNESS6_FWWIT6SURNAME" * UPPER **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Witness 2 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS2_FWWIT2TITLE" *upper **} {** MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" *upper **}** of **{** MERGEFIELD FW_CN_WITNESS2_FWWIT2ADDRESS *upper **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

2 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

3 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

4 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

5 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

6 [*Set out the witness evidence in this and the following paragraphs*]

7 [*insert text*]

8 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS2_FWWIT2FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS2_FWWIT2SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Witness 4 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS4_FWWIT4TITLE" *UPPER**} {** MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" *UPPER **} {** MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" *UPPER **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" *UPPER **} {** MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" *UPPER **}** of **{** MERGEFIELD FW_CN_WITNESS4_FWWIT4ADDRESS **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

2 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

3 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

4 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

5 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

6 [*Set out the witness evidence in this and the following paragraphs*]

7 [*insert text*]

8 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS4_FWWIT4FORENAME" * UPPER**} {** MERGEFIELD "FW_CN_WITNESS4_FWWIT4SURNAME" * UPPER **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Order for pre-action

disclosure

Claim No.{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }.

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BEFORE [insert name]

DATED: [insert date]

BETWEEN

{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

Proposed Claimant / Applicant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Proposed Defendant / Respondent

[DRAFT]

ORDER FOR PRE-ACTION DISCLOSURE

ON HEARING solicitor for the claimant and the defendant

IT IS ORDERED THAT:

1. The Respondent shall by 4.00pm on [insert date] disclose all documents listed in the attached schedule.

1.1. [Insert here the first type or class of document in respect of which you are seeking disclosure.]

1.2. [Insert here the second type or class of document in respect of which you are seeking disclosure.]

1.3. ...

2. The Respondent shall make and serve a list and disclosure statement identifying:

2.1. those documents that are no longer in its control.

2.2. those documents in respect of which it claims a right or duty to withhold inspection.

2.3. what has happened to any documents which are no longer within its control.

3. [The above documents shall be made available for inspection on [insert date] at [insert location.]]

4. The Respondent shall pay the claimants costs of the application.

[insert date of the order].

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BEFORE [insert name]

DATED: [insert date]

BETWEEN:

{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

Proposed Claimant / Applicant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Proposed Defendant / Respondent

_____

[DRAFT]

ORDER FOR

PRE-ACTION DISCLOSURE

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" \f" "**}{** MERGEFIELD "PRACTICEINFO_HOUSE" \f" "**}{** MERGEFIELD "PRACTICEINFO_AREA" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f" "**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTCODE" **}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Witness 1 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS1_FWWIT1TITLE" *upper**} {** MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" *upper **}** of **{** MERGEFIELD FW_CN_WITNESS1_FWWIT1ADDRESS *upper **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

1 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

2 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

3 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

4 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

5 [*Set out the witness evidence in this and the following paragraphs*]

6 [*insert text*]

7 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS1_FWWIT1FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS1_FWWIT1SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Witness 3 Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS3_FWWIT3TITLE" *upper **} {** MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

I **{** MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" *upper **}** of **{** MERGEFIELD FW_CN_WITNESS3_FWWIT3ADDRESS *upper **}** WILL SAY AS FOLLOWS:

1 I have been asked by the claimant to provide a witness statement in this matter in relation to [*state briefly the aspect of the subject matter on which the witness is giving evidence and if necessary explain their relationship to the claimant]*.

2 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

3 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

4 Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

5 Attached to this witness statement is a paginated bundle of exhibits known as [*insert exhibit reference*] to which I will make reference.

6 [*Set out the witness evidence in this and the following paragraphs*]

7 [*insert text*]

8 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

FIRST WITNESS STATEMENT OF

{ MERGEFIELD "FW_CN_WITNESS3_FWWIT3FORENAME" *upper **} {** MERGEFIELD "FW_CN_WITNESS3_FWWIT3SURNAME" *upper **}**

ON BEHALF OF THE CLAIMANT

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Draft Client Statement

Filed on behalf of the Claimant

Number of witness statement: First

Date: [*insert date*]

Exhibits: [*insert number*] to [*insert number*]

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * Upper**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

WITNESS STATEMENT OF

{ MERGEFIELD "LINKNAME_TITLE_1" * UPPER**} {** MERGEFIELD "LINKNAME_FORENAME_1" * UPPER**} {** MERGEFIELD "LINKNAME_SURNAME_1" * UPPER**}**

I **{** MERGEFIELD LINKNAME_FORENAME_1 * UPPER**} {** MERGEFIELD LINKNAME_SURNAME_1 * UPPER**}** of **{** MERGEFIELD CALCULATION_ADDRESS * UPPER**}** WILL SAY AS FOLLOWS:

1 The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true.

2 This witness statement was prepared on my behalf by **{** MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" **} {** MERGEFIELD "CALCULATION_STATUS_DESCRIPTION" **}** following discussions **[**in person OR over the telephone OR [*insert other form of communication*].

3 I am the claimant and I make this witness statement in support of my claim for [ ]

4 The injuries I suffered were as follows:

5 [*insert text*]

6 [*insert text*]

Statement of Truth

I believe that the facts stated in this witness statement 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.

Signed:……..

Print name:……

Date:……...

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**
Claimant

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**
Defendant

_____

WITNESS STATEMENT OF

{ MERGEFIELD "LINKNAME_FORENAME_1" * UPPER **} {** MERGEFIELD "LINKNAME_SURNAME_1" * UPPER**}**

_____

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" **}**
{ MERGEFIELD "PRACTICEINFO_HOUSE" \f "
"**}{** MERGEFIELD "PRACTICEINFO_AREA" \f "
"**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f "
"**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f"
"**}{** MERGEFIELD "PRACTICEINFO_POSTCODE"**}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Directions Order - Fast-Track

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}.**

IN THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

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

Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Defendant

[Draft**]**

Fast track standard directions

Further statements of case

The **[**claimant OR defendant OR other party**]** must file a [*name of statement of case*] and serve a copy on the **[**claimant OR defendant OR other party**]** no later than [*time and calendar date*].

Requests for further information

Any request for clarification or further information based on another party's statement of case shall be served no later than [*time and calendar date*].

[Any such request shall be dealt with no later than [*time and calendar date*].**]**

Disclosure of documents

[No disclosure of documents is required.

OR

[Each party OR The **[**claimant OR defendant OR other party**]]** shall give to the **[**claimant OR defendant OR every other party**]** standard disclosure of documents **[**relating to [*identify relevant issue(s)*]**]** by serving copies together with a disclosure statement no later than [*time and calendar date*].

Disclosure shall take place as follows:

[Each party shall give standard disclosure to every other party by list OR Disclosure is limited to **[**standard**]** disclosure by the [*name of party/ies*] to the [*name of party/ies*] of **[**documents relating to damage OR the following documents [*identify relevant document(s) or category/ies of document(s)*]**]]**.

The latest date for delivery of the lists is [*time and calendar date*].

The latest date for service of any request to inspect or for a copy of a document is [*time and calendar date*].**]**

Witnesses of fact

Each party shall serve on every other party the witness statements of all witnesses of fact on whom they intend to rely.

There shall be simultaneous exchange of such statements no later than [*time and calendar date*].

Expert evidence

[No expert evidence being necessary, no party has permission to call or rely on expert evidence.

OR

[On it appearing to the court that expert evidence is necessary on the issue of [*identify relevant issue(s)*] and that that evidence should be given by the report of a single expert instructed jointly by the parties, the **[**claimant OR defendant OR other party**]** shall no later than [*time and calendar date*] inform the court whether or not such an expert has been instructed. OR The expert evidence on the issue of [*identify issue*] shall be limited to a single expert jointly instructed by the parties.**]**

If the parties cannot agree by [*time and calendar date*] who that expert is to be and about the payment of their fees, either party may apply for further directions.

Unless the parties agree in writing or the court orders otherwise, the fees and expenses of such an expert shall be paid to them by **[**the parties equally OR the claimant**][**the defendant OR other party OR some combination of the parties**]** and be limited to £ [*amount*].

The report of the expert shall be filed at the court no later than [*time and calendar date*].

No party shall be entitled to recover by way of costs from any other party more than £ [*amount*] for the fees or expenses of an expert.

The parties shall exchange reports setting out the substance of any expert evidence on which they intend to rely.

[The exchange shall take place simultaneously no later than [*time and calendar date*] OR The **[**claimant's expert OR defendant's expert OR other party's expert**]** shall serve their report(s) no later than [*time and calendar date*] and the **[**defendant's expert OR claimant's expert OR other party's expert**]** shall serve their report(s) no later than [*time and calendar date*]. OR The exchange of reports relating to **[**causation OR [*identify relevant issue(s)*]**]** shall take place simultaneously no later than [*time and calendar date*] OR The **[**claimant's expert OR defendant's expert OR other party's expert**]** shall serve their report(s) relating to **[**damage OR [*identify relevant issue(s)*]**]** no later than [*time and calendar date*] and the **[**claimant's expert OR defendant's expert OR other party's expert**]** shall serve their report(s) relating to it no later than [*time and calendar date*].**]**

Reports shall be agreed if possible no later than **[**[*time and calendar date*] OR [*no of*] days after service**]**.

If the reports are not agreed within that time, there shall be a without prejudice discussion between the relevant experts no later than [*calendar date*] to identify the issues between them and to reach agreement if possible.

The experts shall prepare for the court a statement of the issues on which they agree and on which they disagree with a summary of their reasons, and that statement shall be filed with the court **[**no later than [*calendar date*] OR with the pre-trial check list OR no later than the date for filing the pre-trial check list**]**.

[Each party has permission to use [*name(s) of witness(es)*] as expert witness(es) to give **[**oral**]** evidence **[**in the form of a report**]** at the trial in the field of [*identify relevant field(s) of expertise*] provided that the substance of the evidence to be given has been disclosed as above and has not been agreed. OR Each party has permission to use in evidence experts' report(s) **[**and the court will consider when the claim is listed for trial whether expert oral evidence will be allowed**].]**

No party shall be entitled to recover by way of costs from any other party more than £ [*amount*] for the fees or expenses of an expert.**]**

Questions to experts

The time for service on another party of any question addressed to an expert instructed by that party is not later than [*number of*] days after service of that expert's report.

Any such question shall be answered within [*number of*] days of service.

Requests for information etc

Each party shall serve any request for clarification or further information based on any document disclosed or statement served by another party no later than [*number of*] days after disclosure or service.

Any such request shall be dealt with within [*number of*] days of service.

Documents to be filed with pre-trial check lists

The parties must file with their pre-trial check lists copies of **[**their experts' reports**] [**witness statements**] [**replies to requests for further information**]**.

Dates for filing pre-trial checklists and the trial

Each party must file a completed pre-trial check list no later than [*time and calendar date*].

The trial of this case will take place **[**on [*calendar date*] OR on a date to be fixed between [*calendar date*] and [*calendar date*]**]**.

Directions following filing of pre-trial checklist

Expert evidence

The parties have permission to rely at the trial on expert evidence as follows:

The claimant:

Oral evidence—[*insert detail*]

Written evidence—[*insert detail*]

The defendant:

Oral evidence—[*insert detail*]

Written evidence—[*insert detail*]

Trial timetable

The time allowed for the trial is [*insert trial estimate*].

[The timetable for the trial may be agreed by the parties, subject to the approval of the trial judge.

OR

The timetable for the trial (subject to the approval of the trial judge) will be that [*insert detail*].**]**

[The evidence in chief for each party will be contained in witness statements and reports, the time allowed for cross-examination by the defendant is limited to [*number of* **[***hours* OR *half-hours***]**] and the time allowed for cross-examination by the claimant is limited to [*number of* **[***hours* OR *half-hours***]**].**]**

[The time allowed for the claimant's evidence is [*number of* **[***hours* OR *half-hours***]**]. The time allowed for the defendant's evidence is [*number of* **[***hours* OR *half-hours***]**].**]**

The time allowed for the submissions on behalf of each party is [*number of* **[***hours* OR *half-hours***]**].

The remainder of the time allowed for the trial (being [*balance of trial estimate less the times referred to above*]) is reserved for the judge to consider and give the judgment and to deal with costs.

Trial bundle etc

The claimant shall lodge an indexed bundle of documents contained in a ring binder and with each page clearly numbered at the court not more than seven days and not less than three days before the start of the trial.

[A case summary (which should not exceed 250 words) outlining the matters still in issue, and referring where appropriate to the relevant documents, shall be included in the bundle for the assistance of the judge in reading the papers before the trial.**]**

[The parties shall seek to agree the contents of the trial bundle and the case summary.**]**

Settlement

Each party must inform the court immediately if the claim is settled whether or not it is then possible to file a draft consent order to give effect to their agreement.

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BEFORE [insert name]

DATED: [insert date]

BETWEEN:

{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Defendant

[Draft]

Fast track standard directions

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" \f" "**}{** MERGEFIELD "PRACTICEINFO_HOUSE" \f" "**}{** MERGEFIELD "PRACTICEINFO_AREA" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f" "**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTCODE" **}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Directions Order - Multi-Track

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO **}.**

IN THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BETWEEN:

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

Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Defendant

DRAFT DIRECTIONS ORDER

Warning: you must comply with the terms imposed upon you by this order otherwise your case is liable to be struck out or some other sanction imposed. If you cannot comply you are expected to make formal application to the court before any deadline imposed upon you expires.

on xxxx

before District Judge Xxxx sitting in xxxx

the Judge heard the solicitor for the Claimant and the solicitor for the Defendant

and made the following Order

1) The Claim is allocated to the Multi-Track and is assigned to District Judge Xxxx for case management.

2) At all stages the parties must consider settling this litigation by any means of Alternative Dispute Resolution (including round table conferences, early neutral evaluation, mediation and arbitration); any party not engaging in any such means proposed by another is to serve a witness statement giving reasons within 21 days of receipt of that proposal. That witness statement must not be shown to the trial judge until questions of costs arise.

3) Documents are to be retained as follows:

   a) the parties must retain all electronically stored documents relating to the issues in this Claim.

b) the Defendant must retain the original clinical notes relating to the issues in this Claim. The Defendant must give facilities for inspection by the Claimant, the Claimant's legal advisers and experts of these original notes on 7 days written notice.

c) legible copies of the medical and educational records of the Claimant / Deceased / Claimant's Mother are to be placed in a separate paginated bundle by the Claimant's Solicitors and kept up to date. All references to medical notes are to be made by reference to the pages in that bundle.

4) Disclosure of documents relevant to the issues of breach of duty and causation and quantification of damages will be dealt with as follows:

a) By 4pm on xxxx both parties must give to each other standard disclosure of documents by list and category.

b) By 4pm on xxxx any request must be made to inspect the original of, or to provide a copy of, a disclosable document.

c) Any such request unless objected to must be complied with within 14 days of the request.

d) By 4pm on xxxx each party must serve and file with the court a list of issues relevant to the search for and disclosure of electronically stored documents, or must confirm there are no such issues, following Practice Direction 31B.

5) Evidence of fact will be dealt with as follows:

a) By 4pm on xxxx both parties must serve on each other copies of the signed statements of themselves and of all witnesses on whom they intend to rely in respect of breach of duty and causation and all notices relating to evidence, including Civil Evidence Act notices.

b) For the avoidance of doubt statements of all concerned with the relevant treatment and care of the Claimant must be included.

c) By 4pm on xxxx both parties must serve on each other copies of the signed statements of themselves and of all witnesses on whom they intend to rely in respect of condition, prognosis and loss and all notices relating to evidence, including Civil Evidence Act notices.

d) Oral evidence will not be permitted at trial from a witness whose statement has not been served in accordance with this order or has been served late, except with permission from the Court.

e) Evidence of fact is limited to xx witnesses on behalf of each party.

f) Witness statements must not exceed xx pages of A4 in length.

6) Expert evidence is directed as follows.

7) The parties have permission in respect of breach of duty and causation and quantification of damages to rely on the jointly instructed written evidence of an expert xxxx

a) By xxxx the expert should be agreed and instructed, and if no expert has been instructed by that date the Claimant must apply to court by 4pm the following day for further directions.

b) By xxxx the expert will report to the instructing parties.

c) By xxxx the parties may put written questions to the expert.

d) By xxxx the expert will reply to the questions.

e) A copy of this order must be served on the expert by the Claimant with the expert's instructions.

f) A party seeking to call the expert to give oral evidence at trial must apply for permission to do so before pre-trial check lists are filed.

g) Unless the parties agree in writing or the Court orders otherwise, the fees and expenses of the expert shall be paid by the parties giving instructions for the report equally.

8) In respect of breach of duty and causation the parties each have permission to rely on the following written expert evidence:

a) The Claimant:

i) an expert in xxxx, namely Mr A, whose report must be served by xxxx.

ii) an expert in xxxx, namely Dr B, whose report must be served by xxxx.

iii) an expert in xxxx, namely Ms C, whose report must be served by xxxx

b) The Defendant:

i) an expert xxxx, namely Mr AA, whose report must be served by xxxx.

ii) an expert xxxx, namely Mr BB, whose report must be served by xxxx.

iii) an expert xxxx, namely Ms CC, whose report must be served by xxxx.

9) In respect of condition, prognosis and quantification of damages the parties (the Defendants acting jointly) each have permission to rely on the following written expert evidence:

a) The Claimant:

i) an expert in xxxx, namely Mr A, whose report must be served by xxxx.

ii) an expert in xxxx, namely Dr B, whose report must be served by xxxx.

iii) an expert in xxxx, namely Ms C, whose report must be served by xxxx.

b) The Defendant:

i) an expert in xxxx, namely Mr AA, whose report must be served by xxxx.

ii) an expert in xxxx, namely Mr BB, whose report must be served by xxxx.

iii) an expert in xxxx, namely Ms CC, whose report must be served by xxxx.

10) Unless the reports are agreed, there must be a without prejudice discussion between the experts of like discipline by 4pm on xxxx in which the experts will identify the issues between them and reach agreement if possible. The experts will prepare for the court and sign a statement of the issues on which they agree and on which they disagree with a summary of their reasons in accordance with Rule 35.12 Civil Procedure Rules, and

each statement must be sent to the parties to be received by 4pm on xxxx and in any event no later than 7 days after the discussion.

11) Unless otherwise agreed by all parties' solicitors, after consulting with the experts, a draft Agenda which directs the experts to the remaining issues relevant to the experts' discipline, as identified in the statements of case shall be prepared jointly by the Claimant's solicitors and experts and sent to the Defendant's solicitors for comment at least 35 days before the agreed date for the experts' discussions.

12) The Defendants shall within 21 days of receipt agree the Agenda, or propose amendments.

13) A copy of this order must be served on each expert with the expert's instructions.

14) The parties have permission to call oral evidence of the experts in xxxx limited to issues remaining in dispute between experts of like discipline.

15) Any unpublished literature upon which any expert witness proposes to rely must be served at the same time as service of his report together with a list of published literature. Any supplementary literature upon which any expert witness relies must be notified to all parties at least one month before trial. No expert witness may rely upon any publications that have not been disclosed in accordance with this order without the permission of the trial judge subject to costs as appropriate.

16) Experts will, at the time of producing their reports, incorporate details of any employment or activity which raises a possible conflict of interest.

17) For the avoidance of doubt, experts do not require the authorisation of solicitor or counsel before signing a joint statement.

18) If an expert radically alters an opinion previously recorded, the joint statement should include a note or addendum by that expert explaining the change of opinion.

19) Schedules of Loss must be updated as follows:
    a) By 4pm on xxxx the Claimant must send an up to date schedule of loss to the Defendant.
    b) By 4pm on xxxx the Defendant, in the event of challenge, must send an up to date counter-schedule of loss to the Claimant.
    c) The schedule and counter-schedule must contain a statement setting out that party's case on the issue of periodical payments pursuant to Rule 41.5 Civil Procedure Rules.

20) The trial will be listed as follows.

    a) The trial window is between xxxx and xxxx inclusive.

    b) The estimated length of trial is xx day s.

    c) By 4pm on xxxx the parties must file with the court their availability for trial, preferably agreed and with a nominated single point of contact. They will be notified of the time and place of trial.
    d) By 4pm on xxxx pre-trial check lists must be sent to the court.

21) Pre-trial directions are as follows:

a) There will be a pre-trial review 4 weeks before the trial window starts with a time estimate of 30 minutes.

b) The pre-trial review will be conducted by telephone, unless the court orders otherwise. The Claimant must make the relevant arrangements in accordance with Practice Direction 23A Civil Procedure Rules.

c) At least 3 clear days before the case management conference the Claimant must file and send to the Defendant preferably agreed and by email:

   i) any draft directions;

   ii) a case summary.

22) Not more than 7 nor less than 3 clear days before the trial, the Claimant must file at court and serve an indexed and paginated bundle of documents which complies with the requirements of Rule 39.5 Civil Procedure Rules and Practice Direction 32 paragraph 27. The parties must endeavour to agree the contents of the bundle before it is filed. The bundle will include a case summary and a chronology.

23) The parties must file with the court and exchange skeleton arguments at least three days before the trial, by email.

24) Costs in the case.

Claim No. { MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }

THE COUNTY COURT AT **{** MERGEFIELD FW_CN_COURT_FW_CN_COURT_name * UPPER**}**

BEFORE [insert name]

DATED: [insert date]

BETWEEN:

{ MERGEFIELD "LINKNAME_TITLE_1" **} {** MERGEFIELD "LINKNAME_FORENAME_1" **} {** MERGEFIELD "LINKNAME_SURNAME_1" **}**

Claimant

and

{ IF **{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}** <> "" "**{** MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name **}**" "**{** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" **} {** MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" **}**" **}**

Defendant

DRAFT
DIRECTIONS ORDER

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" \f" "**}{** MERGEFIELD "PRACTICEINFO_HOUSE" \f" "**}{** MERGEFIELD "PRACTICEINFO_AREA" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTAL_TOWN" \f" "**}{** MERGEFIELD "PRACTICEINFO_COUNTY" \f" "**}{** MERGEFIELD "PRACTICEINFO_POSTCODE" **}**

{ MERGEFIELD "MATTER_FEE_EARNER_ID" **}\{** MERGEFIELD "client_no" **}\{** MERGEFIELD "matter_no" **}**

Defendant Sol Exch Stat(s) Cond,

Prog and Loss

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }
Your Ref: { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_RF }

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

Please find enclosed statements relating to Condition, Prognosis and Loss in accordance with the Directions Order Dated { ASK dopdate "Enter the date of the Directions Order."}{ REF dopdate \@"d MMMM yyyy" * MERGEFORMAT }. We should be grateful if you would kindly confirm safe receipt.

We look forward to receiving your statements in exchange. OR We confirm we have received your statements in exchange.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Court – Issue Proceedings

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

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

{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_address }

Dear Sirs

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**

We are instructed by the above named Claimant and now enclose, for your kind attention, the following:

1. Claim Form for filing together with two copies for sealing and return (one for service and one for our file);

2. Particulars of Claim for filing together with copy for service;

3. Medical evidence for filing together with copy for service;

Schedule of Expenses and Losses for filing together with copy for service;{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "CFA" "

Notice of Funding together with copy for service;" "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_TYPE_FUN } = "BTE Insurance" "

Notice of Funding together with copy for service;" "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "

Certificate of suitability of litigation friend;" "" }{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "

Cheque for the court fee of £*" "

Cheque for the court fee of £*" }

[We should like to effect service of the claim form upon the Defendant ourselves and, accordingly, shall be grateful if you would return to us, after issue, the claim form duly sealed together with all copy papers intended for service and a response pack.]

Our present valuation of the claim is that damages will exceed £* but will not exceed £* . However, the enclosed cheque is tendered on the basis that we reserve the right, on payment of a further fee if so requested, to amend the value of the claim to whatever level may be appropriate.

No issue arises immediately under the Human Rights Act 1998 and we have completed the claim form accordingly. Of course, our client reserves the right to rely on the Act if necessary at a later stage.

We also look forward to receiving the sealed copy claim form for our file.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Defendant 1 - Enclosing Directions

Questionnaire

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

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

Please find enclosed copy of my client's direction questionnaire filed with the courts today.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" "Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Defendant 1 - Enclosing requested

Documents

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

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

As requested we enclose the following documents in accordance with the directions order.

1.

Kindly acknowledge safe receipt.

{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "Yours Sincerely" " Yours Faithfully"}

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Defendant Sol Exch Stat(s) BoD

and Causation

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }
Your Ref: { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_RF }

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

{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_title } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_initials } { MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_CT_surname }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_name }
{ MERGEFIELD FW_CN_D_SOL_INS_FW_CN_D1_SOL_OR_address }

Dear Sirs

Your Client:	{ IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } = "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TITLE } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_FNAME } { MERGEFIELD FW_CN_DEF1_FW_CN_D1_SNAME }" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" }
Our Client:	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_MNAME } { MERGEFIELD LINKNAME_SURNAME_1 }

Please find enclosed statements relating to Breach of Duty and Causation in accordance with the Directions Order Dated { ASK dopdate "Enter the date of the Directions Order."}{ REF dopdate \@"d MMMM yyyy" * MERGEFORMAT }. We should be grateful if you would kindly confirm safe receipt.

We look forward to receiving your statements in exchange. OR We confirm we have received your statements in exchange.

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client Care Letter

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

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

{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }" "{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_INITIALS_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }" }
{ IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_ADD }" "{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "{ MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_TITLE } { MERGEFIELD FW_CN_CLI_INFO_FW_CN_LF_SNAME }" "{ IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD CLI1_ADD_INFO_FW_CLI1_SAL }" }" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Thank you for instructing the firm to act for you in respect of the above claim. This letter explains the basis on which we will carry out all the work on your file.

Responsibility for the Work

I, { MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" }, am responsible for your file. I am a solicitor specializing in personal injury and clinical negligence claims and will be responsible for the majority of the work undertaken. The person with overall supervision of the matter is { MERGEFIELD CALCULATION_EXECUTIVE_NAME }.

YOUR CLIENT CARE DETAILS HERE

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client Rep - Child Patient Letter

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

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

{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_INITIA" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }
{ MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_ADD" }

Dear { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_TITLE" } { MERGEFIELD "FW_CN_CLI_INFO_FW_CN_LF_SNAME" }

Re: { MERGEFIELD MATTER_MATTER_DESCRIPTION }

Thank you for your instructions to act for you in respect of { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }'s medical negligence claim.

This letter explains the basis on which we will carry out all the work in relation to { MERGEFIELD "LINKNAME_FORENAME_1" }'s case. As the parent/guardian of { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }, { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "a minor " "" }unless we hear from you to the contrary, we assume that you will be { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } nominated 'litigation friend' and will be responsible for providing instructions in relation to { MERGEFIELD "LINKNAME_FORENAME_1" }'s case.

A litigation friend is also responsible for any costs which may be payable by a minor or patient should a cost order be awarded against the minor/patient. However, a minor/patient is usually entitled to public funding, and under the relevant statutes, if a court is considering whether or not to make a cost order against a legally aided party, (s)he must look at the legally aided party's financial circumstances. As public funding is granted to those without their own financial resources, it is most unlikely that a court will require the legally aided party to pay costs.

Legal Help

In light of the information you have provided, we assessed { MERGEFIELD "LINKNAME_FORENAME_1" }'s eligibility for Legal Help. { IF { MERGEFIELD FW_CN_CLI_INFO_FW_CN_CLI_LIT } = "Yes" "As a minor" "" }, { MERGEFIELD "LINKNAME_FORENAME_1" } qualifies for this preliminary form of funding. As { MERGEFIELD "LINKNAME_FORENAME_1" } qualifies we will be able to do work up to the value of £249 plus VAT on { MERGEFIELD "LINKNAME_FORENAME_1" }'s behalf.

These figures allow us to meet with you and others, travel when necessary, consider, prepare and work on papers, enter into and consider incoming correspondence, make and

receive telephone calls on your behalf, consider any issues which arise and keep you informed of matter. However, it is not possible for us to attend Court on your behalf.

In extenuating circumstances, if further work is required, we may be able to apply for an extension of this financial limit to a maximum of £500.00 plus VAT, but if it is refused, it will be your responsibility to cover the cost of the additional work requested by you which exceeds the existing limit. If we do not recover costs from your opponent but **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** recovers compensation or property, these costs may be repayable to the Legal Aid Agency by **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** from damages received.

The Legal Aid Agency which provides Legal Help funding will pay your legal costs as follows:

- £47.80 per hour for attendance upon individuals and documentation and preparation;
- £37.50 per hour for telephone calls and letters.
- £26.80 for travelling and waiting.

Our charges are calculated mainly by reference to the amount of time that we spend on a matter.

Routine letters that we write and routine telephone calls that we make and receive will be charged as units of 1/10th of an hour. Other letters and calls will be charged on a time basis.

We will add VAT to our charges at the rate that applies when the work is done. VAT is 20% at present.

Please note that unnecessary telephone calls received or made at your request have the potential to eat into the funding before initial investigations/work has been finalized.

CLS Funding certificates for Legal Representation

If you apply for a Funding certificate on behalf of **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**, your application forms will be submitted to the Legal Aid Agency but it may take them 3-4 weeks to deal with your application. If they calculate that **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** is financially eligible for a Funding certificate they will then look at the chances of **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s case succeeding and the likelihood of the opponent being able to pay **{** IF **{** MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER **}** = "Male" "his" "her" **}** legal costs. The Legal Aid Agency will notify you of their decision and can issue a Funding Certificate, an Offer of Funding or refuse **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s application. In the latter case you can appeal against their decision, if appropriate

Financial Changes and Discharge of Funding Certificates

If and when **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** is granted a Funding certificate you have a duty to disclose any changes in **{** MERGEFIELD LINKNAME_FORENAME_1 **}**'s circumstances, including a change of address or financial circumstances. If there is any increase in **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s finances during the time **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** is in receipt of Funding, this may affect the amount of any contribution that has to be paid towards the costs of **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s case. As soon as there is any change in **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s circumstances you should inform us and notify the Legal Aid Agency. If **{** MERGEFIELD "LINKNAME_FORENAME_1" **}** becomes financially ineligible

for Funding { MERGEFIELD LINKNAME_FORENAME_1 } certificate will be discharged. { MERGEFIELD "LINKNAME_FORENAME_1" } may be asked to make a contribution towards the costs incurred by the Legal Aid Agency up to the date of discharge of your certificate. However, as a minor, this is most unlikely unless { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } has, for example, money settled in a trust. The Legal Aid Agency can also discharge { MERGEFIELD "LINKNAME_FORENAME_1" }'s Funding Certificate if our investigations show that it is unlikely that { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } claim for compensation will be successful. The Legal Aid Agency will pay the costs incurred by us, { MERGEFIELD "LINKNAME_FORENAME_1" }'s experts and Counsel until the date the certificate is discharged but you will be responsible for paying for any additional work after that date.

Funding Contributions and Revocation of Funding Certificates

You may be required to pay a monthly contribution towards the costs of the case in which case the Legal Aid Agency will send you an Offer of Funding setting out the amount you have to pay. We cannot start work on { MERGEFIELD "LINKNAME_FORENAME_1" }'s case, under the terms of the Certificate, until you accept the offer and start to make payments in accordance with that offer. The Legal Aid Agency will then issue a Funding Certificate. Again, it is highly unlikely that a contribution will be payable on { MERGEFIELD "LINKNAME_FORENAME_1" }'s certificate. If { MERGEFIELD "LINKNAME_FORENAME_1" }'s income or capital position changes you should inform us and notify the Legal Aid Agency who will re-assess your contribution. Failure to keep up to date with payment of contributions may result in { MERGEFIELD "LINKNAME_FORENAME_1" }'s Funding Certificate being revoked or cancelled and you may have to pay all or some of the costs incurred by us, your experts and Counsel up to the date your certificate was cancelled. You would lose all contributions paid to the Legal Aid Agency. Funding contributions are payable throughout the entirety of your case and have to be paid even after the work we do on your behalf has been completed. If you cannot afford the contributions you should notify the Legal Aid Agency immediately. The Legal Aid Agency can also revoke or cancel your Funding Certificate if you provide them with false information about your financial resources or you do not co-operate with them or us by providing requested information. As you may be asked to repay { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs in full it is important that you keep in touch with us and do not abandon your case without discussing the implications with us.

If { MERGEFIELD "LINKNAME_FORENAME_1" } is successful and recovers compensation and legal commission will repay to { MERGEFIELD "LINKNAME_FORENAME_1" } some or all of the contributions which have been paid on { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } behalf. As noted above, it is extremely unlikely that { MERGEFIELD "LINKNAME_FORENAME_1" } will be required to pay a contribution.

The Statutory Charge

The Legal Aid Agency has a charge over any money or property that is recovered or preserved as a result of a case for which { MERGEFIELD "LINKNAME_FORENAME_1" } has a Funding Certificate, whether by settlement or court order.

This means that we cannot release { MERGEFIELD "LINKNAME_FORENAME_1" }'s compensation immediately and the compensation will be put on deposit pending payment of { MERGEFIELD "LINKNAME_FORENAME_1" }'s legal costs. If the opponent pays { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs in full, the compensation, plus

interest, will be released. If { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs are not paid in full by { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } opponent, the Legal Aid Agency may ask for re-payment of some or all of { MERGEFIELD "LINKNAME_FORENAME_1" }'s legal costs from the compensation.

If { MERGEFIELD "LINKNAME_FORENAME_1" } wins { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } case the opponent may not be ordered to pay the full amount of { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs because, for example:

A medical report was obtained, because it was not favorable to { MERGEFIELD "LINKNAME_FORENAME_1" }, it was not disclosed to the opponent;
The court considers that too much time was spent on { MERGEFIELD "LINKNAME_FORENAME_1" }'s file because we were required to attend upon you too often for too long;
There was more than one opponent involved in the case but only one of them is ordered to pay { MERGEFIELD "LINKNAME_FORENAME_1" } compensation and costs, and { MERGEFIELD "LINKNAME_FORENAME_1" }'s compensation may be used to pay the costs of the additional opponents against whom you were unsuccessful. In some cases your opponent may not be capable of paying the costs they have been ordered to pay to you.
The court will decide whether or not these costs should be paid by the opponent and if not, whether they can be deducted from { MERGEFIELD "LINKNAME_FORENAME_1" }'s compensation. This procedure is called detailed assessment and may take 6 months.

Losing your case

If { MERGEFIELD "LINKNAME_FORENAME_1" } loses { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } case, the court may order payment of the opponent's costs, even though all or some of { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs will be paid by the Legal Aid Agency. The amount to be paid towards the opponent's costs will depend upon whether or not { MERGEFIELD "LINKNAME_FORENAME_1" } has had to pay a contribution towards { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } own costs. Usually { MERGEFIELD "LINKNAME_FORENAME_1" } will only be ordered to pay an amount equal to the contribution { MERGEFIELD "LINKNAME_FORENAME_1" } has made towards { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } own legal costs. Costs in excess of this will only be payable if { MERGEFIELD "LINKNAME_FORENAME_1" }'s opponent returns to court and shows that { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "his" "her" } financial position has altered and { IF { MERGEFIELD CLI1_ADD_INFO_FW_CLI1_GENDER } = "Male" "he" "she" } can now afford to pay all their costs.

In these circumstances { MERGEFIELD "LINKNAME_FORENAME_1" }'s costs will be paid by the Legal Aid Agency. Because of the Statutory Charge we shall try to keep the costs to a minimum. Whilst it is difficult to give a precise figure for the likely cost of pursuing an action such at this stage, we would estimate that they should be in the region of £{ MERGEFIELD FW_CN_COSTS_FW_CN_COST_EST }. Costs vary depending upon the amount of work we have to carry out in each case but are likely to be a lower figure if the case is settled quickly without a court hearing involving experts and Counsel.

We will update our estimate of costs every 6 months and at the same time give you an indication of the costs already incurred.

.
We should point out to you that although we have a duty to act in **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s best interests, we also have a duty to the Legal Aid Agency to ensure that public money is not wasted. We must inform them if **{** MERGEFIELD "LINKNAME_FORENAME_1" **}**'s case is weak or if you unreasonably refuse offers of settlement.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Court – Enclosing Directions

Questionnaire

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

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

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

{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }
{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_address }

Dear Sirs

Re:	**{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } v { IF { MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name } <> "" "{ MERGEFIELD FW_CN_DEF1_FW_CN_D1_TRUST_name }" "{ MERGEFIELD "FW_CN_DEF1_FW_CN_D1_FNAME" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_SNAME" }" }**
Court:	**{ MERGEFIELD FW_CN_COURT_FW_CN_COURT_name }**
Claim No:	**{ MERGEFIELD FW_CN_COURT_FW_CN_CT_CL_NO }**

Please find enclosed directions questionnaire and enclosures for filing on behalf of my client, { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }.

{ IF { MERGEFIELD FW_CN_COURT_FW_CN_CT_HWF } = "Yes" "I also enclose form EX160 [and relevant fee]." "I enclose the relevant fee." }

Yours Faithfully

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }