

CASE NO: { MERGEFIELD MH_PROFS_MH_CASENO }

IN THE **XXX** COURT

B E T W E E N:

FIRST-TIER TRIBUNAL (MENTAL HEALTH)

Applicant

-and-

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1
}

First Respondent

BRIEF TO COUNSEL

Counsel will find enclosed:

1. CLS Funding Certificate

Background:

Counsel is instructed, pursuant to the enclosed CLS Funding Certificate, to:

Should Counsel have any questions or wish to discuss anything would **he/she** please contact { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION } of Instructing Solicitors on { MERGEFIELD ORGANISATION_PHONE_NO } or { MERGEFIELD CALCULATION_FEE_EARNER_EMAIL }.

Dated: { DATE \@ "dd MMMM yyyy" }

CASE NO: { MERGEFIELD MH_PROFS_MH_CASENO }

IN THE **XXX** COURT

B E T W E E N:

XXX

Applicant

-and-

{ MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD
"LINKNAME_SURNAME_1" }

First Respondent

BRIEF TO COUNSEL

LEGAL AID

Counsel:

{ MERGEFIELD MH_PROFS_MH_COUNSEL_name }

{ IF { MERGEFIELD MH_PROFS_MH_COUNSEL_dxno }= "" "{ MERGEFIELD
MH_PROFS_MH_COUNSEL_address }" "{ MERGEFIELD ORGANISATION_DX_NO }" }

{ MERGEFIELD ORGANISATION_ORGANISATION_NAME }

{ MERGEFIELD ORGANISATION_HOUSE }

{ MERGEFIELD ORGANISATION_AREA }

{ MERGEFIELD ORGANISATION_POSTAL_TOWN }

{ MERGEFIELD ORGANISATION_COUNTY }

{ MERGEFIELD ORGANISATION_POSTCODE }

{ MERGEFIELD ORGANISATION_DX_NO }

Tel: { MERGEFIELD ORGANISATION_PHONE_NO }

Fax: { MERGEFIELD ORGANISATION_FAX_NO }

Ref: { MERGEFIELD "MATTER_FEE_EARNER_ID" * Upper }/{ MERGEFIELD client_no
}/{ MERGEFIELD matter_no }