

{ MERGEFIELD MH_PROFS_MH_MHRT_name }
{ MERGEFIELD MH_PROFS_MH_HOSPITAL_dxno }

Please ask for:
{ MERGEFIELD

Your Ref:

Our Ref:
{ MERGEFIELD
"MATTED FEE EARNED ID" *

Date:
{ SET LtrDate { DATE
 \@ "d MMMMM yyyy" \}

Dear Sirs,

**RE: { MERGEFIELD LINKNAME FORENAME 1 } { MERGEFIELD
LINKNAME SURNAME 1 }**
Case No. { MERGEFIELD MH_PROFS_MH_CASENO }

We confirm that we are instructed on behalf of the above named in connection with { IF { MERGEFIELD MH_ADDCLIDETS_MH_GENDER } = "Male" "his" "her" } application to the Mental Health Review Tribunal.

As contract holders, we have granted Legal Help funding to our client, together with authority to instruct an independent psychiatrist and independent social worker if necessary.

Yours faithfully,

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }