

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
- on the 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 <small>(include Ref.)</small>	{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } { MERGEFIELD "MATTER_FEE_EARNER_ID" } { MERGEFIELD "MATTER_FEE_EARNER_ID" }
Defendant <small>(include Ref.)</small>	{ MERGEFIELD "IF" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_TRUST_name" } { MERGEFIELD "FW_CN_DEF1_FW_CN_D1_TRUST_name" }

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**

{ 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

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

which provides for a success fee has been entered into;

{ FORMCHECKBOX } an insurance policy

Dated

has been cancelled

{ FORMCHECKBOX } an insurance policy has been issued on

Date

Policy no

Name and address of insurer

{ FORMTEXT }

FORMCHECKBOX } No

If Yes, at which point is an
increased
premium payable

{ FORMTEXT }

Level of cover

{ FORMTEXT }

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes { FORMCHECKBOX }

No

has been terminated

{ FORMCHECKBOX } an undertaking has been given on

Dated { FORMTEXT }

If Yes, at which point is an increased premium payable

{ FORMTEXT }

Name of prescribed body { FORMTEXT }

in the following terms

{ FORMTEXT }

Signed _____

Dated { FORMTEXT }

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